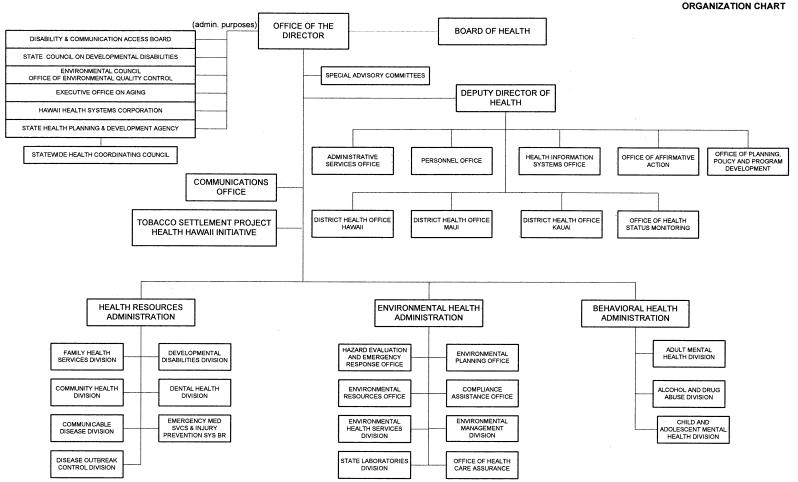


# STATE OF HAWAII DEPARTMENT OF HEALTH



# **DEPARTMENT OF HEALTH Department Summary**

# Mission Statement

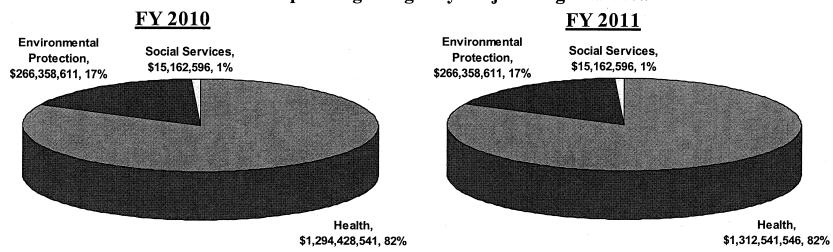
To administer programs designed to protect, preserve, care for, and improve the physical and mental health of the people of the State.

# Department Goals

To monitor, protect and enhance the health of all people in Hawaii by providing leadership in assessment, policy development, and assurance to promote health and well-being, to preserve a clean, healthy and natural environment, and to assure basic health care for all.

Significant Measures of Effectiveness	<b>FY 2010</b>	<b>FY 2011</b>
1. Mortality rate (per thousands)	6	6
2. Average life span of residents (years)	80	80
3. Percentage of reported vaccine preventable diseases investigated	100%	100%

# FB 2009-2011 Operating Budget by Major Program Area



# DEPARTMENT OF HEALTH MAJOR FUNCTIONS

- Plans, directs and administers statewide programs to protect, preserve and improve the physical, mental and environmental health of Hawaii's residents.
- Administers programs for the prevention, control and treatment of infectious and communicable diseases; coordinates bioterrorism preparedness planning activities and integrating these activities with surveillance and response mechanisms.
- Administers community based programs that provide and coordinate health intervention services and support for at-risk families, populations and communities who are most likely to experience unhealthy outcomes.
- Provides public health nursing intervention services in the areas of communicable disease, disaster outbreaks care coordination, follow-up and monitoring for at-risk populations and nursing supervision, oversight and intervention in the public schools.
- Plans, coordinates and provides statewide mental health services which include treatment, consultative and preventive components for individuals; also plans, coordinates and implements statewide services relative to alcohol and drug abuse.

- Provides services and supports to individuals with developmental disabilities or mental retardation and their families to attain quality of life.
- Plans, provides and promotes health services to mothers, children and youth and family planning services. Also promotes optimal oral health; develops and implements methods of prevention and early detection of oral diseases and abnormalities and for the control of such conditions when they are not prevented.
- Implements and maintains the statewide programs for air, water, noise, radiation and indoor air pollution control; noise, safe drinking water, solid waste and wastewater management, and programs which protect consumers from unsafe foods, drugs, cosmetics, and \* medical devices.
- Administers the statewide emergency medical services system.
- Administers a statewide laboratories program which conducts analysis in support of environmental health and communicable disease monitoring and control activities.

# **MAJOR PROGRAM AREAS**

**Social Services** 

HTH 520 HTH 904 Disability and Communication Access Board Executive Office on Aging

The Department of Health has programs in the following major program areas:

Environme	ntal Protection
HTH 840	Environmental Management
HTH 849	Environmental Health Administration
HTH 850	Office of Environmental Quality Control
Health	
HTH 100	Communicable Disease Services
HTH 131	Disease Outbreak Control
HTH 141	Dental Diseases
HTH 210	Hawaii Health Systems Corporation
HTH 420	Adult Mental Health – Outpatient
HTH 430	Adult Mental Health – Inpatient
HTH 440	Alcohol and Drug Abuse
HTH 460	Child and Adolescent Mental Health
HTH 495	Behavioral Health Administration
HTH 501	Developmental Disabilities
HTH 560	Family Health Services
HTH 580	Community Health Services
HTH 590	Tobacco Settlement
HTH 595	Health Resources Administration
HTH 610	Environmental Health Services
HTH 710	State Laboratory Services
HTH 720	Health Care Assurance
HTH 730	Emergency Medical Services and Injury
	Prevention System
HTH 760	Health Status Monitoring
HTH 905	Developmental Disabilities Council
HTH 906	State Health Planning and Development Agency
HTH 907	General Administration

# Department of Health (Operating Budget)

# Allocation

		FY 2009	FY 2010	FY 2011
<b>Funding Sources:</b>	Positions	2,437.04	2,420.04	2,420.04
General Funds	\$	461,407,085	443,752,901	444,402,901
		123.50	135.00	135.00
Special Funds		201,719,596	213,618,159	214,068,089
		359.31	358.31	358.31
Federal Funds		116,193,624	118,307,740	118,306,815
		5.00	4.50	4.50
Interdepartmental T	ransfers	77,077,300	77,136,718	77,136,718
		68.20	69.20	69.20
Revolving Funds		167,948,120	168,562,230	168,562,230
Other Funds		354,527	0	0
		2,993.05	2,987.05	2,987.05
<b>Total Requirements</b>	-	1,024,700,252	1,021,377,748	1,022,476,753

# Major Adjustments in the Executive Budget Request: (general funds unless noted)

- 1. Deletes \$1,463,982 in the Partnership In Community Living.
- 2. Deletes 2.00 permanent positions and \$11,621,158 in the Healthy Start Program.
- 3. Deletes \$5,691,526 and adds \$5,691,526 in special funds in Family Health Services.
- 4. Deletes \$315,528 in Adult Mental Health Outpatient.
- 5. Deletes \$105,067 in Adult Mental Health Inpatient.
- 6. Deletes \$130,000 in Family Health Services purchase of service contracts.
- 7. Deletes \$500,000 for purchase of service contracts in the Child and Adolescent Mental Health Division.

- 8. Transfers the Chronic Disease Management and Control Branch's Community Resources and Development Section to the Tobacco Settlement Program by reducing 9.00 positions and \$555,204 in general funds and \$100,000 in federal funds in each year in the Chronic Disease Management and Control Branch and increasing 9.00 positions and \$761,550 in special funds and \$100,000 in federal funds in each year in the Tobacco Settlement Program.
- 9. Transfers the Chronic Disease Management and Control Branch's Diabetes and Chronic Disabling Diseases Section to the Tobacco Settlement Program by reducing 1.00 position and \$107,705 in general funds and 4.00 positions and \$1,166,242 in federal funds in the Chronic Disease Management and Control Branch and adding 1.00 position and \$148,654 in special funds and 4.00 positions and \$1,166,242 in federal funds in the Tobacco Settlement Program.
- 10. Transfers the Chronic Disease Management and Control Branch's Cancer Prevention and Control Section to the Tobacco Settlement Program by reducing \$1,338,281 in federal funds and \$150,000 in inter-agency transfer funds in the Chronic Disease Management and Control Branch and adding \$1,338,281 in federal funds and \$150,000 in inter-agency transfer funds in the Tobacco Settlement Program.
- 11. Transfers the Chronic Disease Management and Control Branch's Tobacco Prevention and Control Section to the Tobacco Settlement Program by reducing 1.00 position and \$79,352 in general funds, 7.00 positions and \$1,217,300 in federal funds and \$136,811 in inter-agency transfer funds in the Chronic Disease Management and Control Branch and adding 1.00 position and \$112,609 in special funds, 7.00 positions and \$1,217,300 in federal funds, and \$136,811 in inter-agency transfer funds in the Tobacco Settlement Program.
- 12. Deletes \$1,100,000 in FY 10 and \$450,000 in FY 11 and adds \$1,100,000 in FY10 and \$450,000 in FY 11 in special funds for purchase of service contracts in the Alcohol and Drug Abuse Division.
- 13. Deletes \$412,024 for respite services in the Health Resources Administration.

# Department of Health - Hawaii Health Systems Corporation (Operating Budget)

		Allocation		
		FY 2009	FY 2010	FY 2011
<b>Funding Sources:</b>	Positions	0.00	0.00	0.00
General Funds	\$	78,041,280	83,960,894	83,960,894
		2,836.25	2,836.25	2,836.25
Special Funds		403,460,000	470,611,106	487,625,106
		2,836.25	2,836.25	2,836.25
<b>Total Requirements</b>	· 	481,501,280	554,572,000	571,586,000

# Major Adjustments in the Executive Budget Request: (general funds unless noted)

<sup>1.</sup> Adds \$67,151,106 in FY 10 and \$84,165,106 in FY 11 in special funds to reflect increased revenues and expenses.

PROGRAM ID:

PROGRAM STRUCTURE NO.

PROGRAM TITLE:

DEPARTMENT OF HEALTH .

		IN DOL	LARS	!_		IN THOU	IS A NIDS	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
CURRENT LEASE PAYMENTS								
OTHER CURRENT EXPENSES MOTOR VEHICLE	11,118,796 32,260	11,118,796 32,260	12,697,796 32,260	12,570,796 32,260	12,571 32	12,571 32	12,571 32	12,571 32
TOTAL CURRENT LEASE PAYMENTS C	11,151,056	11,151,056	12,730,056	12,603,056	12,603	12,603	12,603	12,603
	=======================================							========
BY MEANS OF FINANCING								
GENERAL FUND SPECIAL FUND	109,056 11,042,000	109,056 11,042,000	109,056 12,621,000	109,056 12,494,000	109 12,494	109 12,494	109 12,494	109 12,494
OPERATING COST PERSONAL SERVICES	5,785.80* 470,735,401	5,831.30* 470,173,540	5,823.30* 547,238,084		5,823.3*	5,823.3*	5,823.3*	5,823.3
OTHER CURRENT EXPENSES	931,711,470	989,104,464	1,014,618,704	554,446,311   1,025,653,382	554,446	554,446	554,446	554,446
EQUIPMENT	3,954,102	2,663,747	1,362,904	1,360,004	1,025,652 1,361	1,025,652 1,361	1,025,652 1,361	1,025,652 1,361
TOTAL OPERATING COST	1,406,400,973	1,461,941,751	1,563,219,692	1,581,459,697	1,581,459	1,581,459	1,581,459	1,581,459
				· · · · · · · · · · · · · · · · · · ·				
BY MEANS OF FINANCING			2020					
GENERAL FUND	2,398.10* 496,714,246	2,439.04* 509,565,272	2,420.04* 527,604,739	2,420.04* 528,254,739	2,420.1* 528,255	2,420.1* 528,255	2,420.1* 528,255	2,420.1× 528,255
	2,957.95*	2,959.75*	2,971.25*		2,971.2*	2,971.2*	2,971.2*	2,971.2
SPECIAL FUND	564,195,940	593,619,030	671,608,265	689,199,195	689,199	689,199	689,199	689,199
OTHER FED TIMES	357.35*	359.31*	358.31*	358.31*	358.3*	358.3*	358.3*	358.3
OTHER FED. FUNDS	110,004,382 5.00*	113,732,029	118,307,740	118,306,815	118,306	118,306	118,306	118,306
INTERDEPT. TRANSFER	67,663,557	5.00* 77,077,300	4.50* 77,136,718	4.50*¦ 77,136,718 ¦	4.5*	4.5*	4.5*	4.5*
INTERDETT: TRANSFER	67.40*	68.20*	69.20*	69.20*	77,136 69.2*	77,136 69.2*	77,136	77,136
REVOLVING FUND	167,822,848	167,948,120	168,562,230	168,562,230	168,563	168,563	69.2* 168,563	69.2* 168,563
CAPITAL IMPROVEMENT COSTS								
PLANS	80,000	1,000,000		i				
DESIGN	1,993,000	528,000	1,270,000	1,497,000				
CONSTRUCTION	33,707,000	31,156,000	34,774,000	34,547,000				
EQUIPMENT	2,000	156,000	1,000	1,000				
TOTAL CAPITAL EXPENDITURES	35,782,000	32,840,000	36,045,000	36,045,000				
TOTAL CAPITAL EXPENDITURES	35,782,000	, ,	36,045,000 	, ,			=========	

REPORT P61-A

PROGRAM ID:

PROGRAM STRUCTURE NO.

PROGRAM TITLE:

DEPARTMENT OF HEALTH

	IN DOL	LARS			IN THOU	SANDS	
FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
22,455,000 13,327,000	16,214,000 16,626,000	22,675,000 13,370,000	22,675,000 13,370,000				
5,785.80* 1,453,334,029	5,831.30* 1,505,932,807	5,823.30* 1,611,994,748	5,823.30* 1,630,107,753	5,823.30* 1,594,062	5,823.30* 1,594,062	5,823.30* 1,594,062	5,823.30* 1,594,062
	22,455,000 13,327,000 5,785.80*	FY2007-08 FY2008-09  22,455,000 16,214,000 13,327,000 16,626,000  5,785.80* 5,831.30*	22,455,000 16,214,000 22,675,000 13,327,000 16,626,000 13,370,000 5,785.80* 5,831.30* 5,823.30* 1,453,334,029 1,505,932,807 1,611,994,748	FY2007-08 FY2008-09 FY2009-10 FY2010-11  22,455,000 16,214,000 22,675,000 22,675,000 13,327,000 16,626,000 13,370,000 13,370,000  5,785.80* 5,831.30* 5,823.30* 5,823.30* 1,453,334,029 1,505,932,807 1,611,994,748 1,630,107,753	FY2007-08 FY2008-09 FY2009-10 FY2010-11 FY2011-12  22,455,000 16,214,000 22,675,000 22,675,000 13,327,000 16,626,000 13,370,000 13,370,000  5,785.80* 5,831.30* 5,823.30* 5,823.30* 1,453,334,029 1,505,932,807 1,611,994,748 1,630,107,753 1,594,062	FY2007-08 FY2008-09 FY2009-10 FY2010-11 FY2011-12 FY2012-13  22,455,000 16,214,000 22,675,000 22,675,000 13,327,000 16,626,000 13,370,000 13,370,000  5,785.80* 5,831.30* 5,823.30* 5,823.30* 5,823.30* 1,453,334,029 1,505,932,807 1,611,994,748 1,630,107,753 1,594,062 1,594,062	FY2007-08 FY2008-09 FY2009-10 FY2010-11 FY2011-12 FY2012-13 FY2013-14  22,455,000 16,214,000 22,675,000 22,675,000 13,327,000 16,626,000 13,370,000 13,370,000  5,785.80* 5,831.30* 5,823.30* 5,823.30* 5,823.30* 5,823.30* 5,823.30*

# Department of Health (Capital Improvements Budget)

	FY 2010	FY 2011
<b>Funding Sources:</b>		
General Obligation Bonds	12,675,000	12,675,000
Federal Funds	13,370,000	13,370,000
<b>Total Requirements</b>	26,045,000	26,045,000

# Highlights of the Executive CIP Budget Request: (general obligation bonds unless noted)

- 1. Provides \$1,045,000 and \$5,224,000 in federal funds in both years for wastewater project capitalization loans.
- 2. Provides \$1,630,000 and \$8,146,000 in federal funds in both years for drinking water project capitalization loans.
- 3. Provides \$3,271,000 in FY 10 and \$2,766,000 in FY 11 for improvements to Department of Health facilities, statewide.
- 4. Provides \$2,071,000 in FY 10 and \$3,962,000 in FY 11 for repairs and improvements to various buildings at Hawaii State Hospital.
- 5. Provides \$1,570,000 in FY 10 and \$3,272,000 in FY 11 for Waimano Ridge building improvements.
- 6. Provides \$3,088,000 in FY 10 for energy efficiency improvements to Department of Health facilities, statewide.

# Department of Health - Hawaii Health Systems Corporation (Capital Improvements Budget)

	FY 2010	FY 2011
<b>Funding Sources:</b>		2'
General Obligation Bonds	10,000,000	10,000,000
<b>Total Requirements</b>	10,000,000	10,000,000

# Highlights of the Executive CIP Budget Request: (general obligation bonds unless noted)

1. Provides \$10 million in both FY 10 and FY 11 for Lump sum CIP - repair and renovations to address health and safety issues.

STATE OF HAWAII

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

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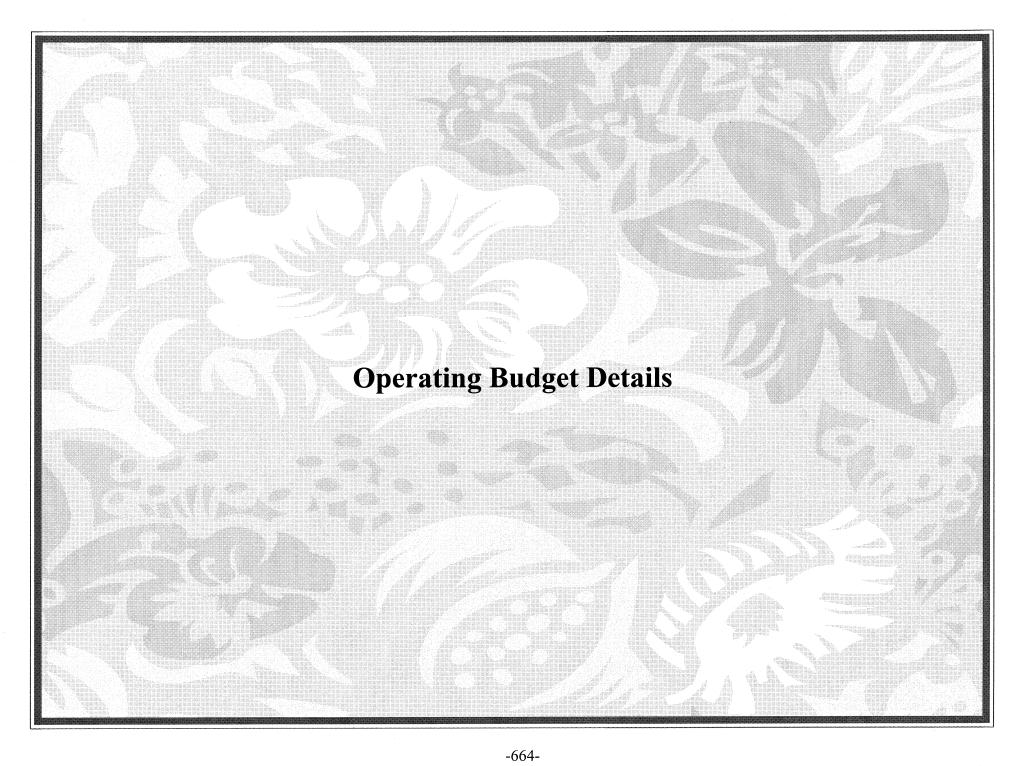
PROGRAM STRUCTURE NO.

PROGRAM TITLE

PROGRAM ID

DEPARTMENT OF HEALTH

PROJECT PRIORITY	LOC SCOPE	PRO	DJECT TITLE			BUDGET P	ERIOD					
	COST ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
	PLANS LAND	2,443 3,601	920 3,350	823 1	700 250					· · · · · · · · · · · · · · · · · · ·		
	DESIGN CONSTRUCTION EQUIPMENT	13,538 961,829 529	8,642 820,289 368	1,200 40,364 153	929 31,855 6	1,270 34,774 1	1,497 34,547 1		· · · · · ·			
	TOTAL	981,940	833,569	42,541	33,740	36,045	36,045	·				
	G.O. BONDS OTHER FED. FUN	363,395 618,545	271,717 561,852	29,214 13,327	17,114 16,626	22,675 13,370	22,675 13,370					



PROGRAM ID:

PROGRAM STRUCTURE NO. 04

PROGRAM TITLE:

ENVIRONMENTAL PROTECTION

		IN DOLLA	AKS	!		IN THOUS	ZUNDS					
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15				
OPERATING COST	267.00*	267.00*	267.00*	267.00*	267.0*	267.0*	267.0*	267.0*				
PERSONAL SERVICES	16,043,287	16,031,711	17,321,023	17,321,023	17,320	17,320	17,320	17,320				
OTHER CURRENT EXPENSES	248,094,425	248,419,425	248,979,020	248,979,020	248,979	248,979	248,979	248,979				
EQUIPMENT	73,968	73,968	58,568	58,568	59	59	59	59				
TOTAL OPERATING COST	264,211,680	264,525,104		266,358,611	266,358	266,358	266,358	266,358				
BY MEANS OF FINANCING				· ·								
DI PIERRO DI TIMANCINO	77.00*	77.00*	77.00*	77.00*	77.0*	77.0*	77.0*	77.0*				
GENERAL FUND	4,798,943			5,119,961	5,119	5,119	5,119	5,119				
SPECIAL FUND OTHER FED. FUNDS	60.70*	60.50*	60.50*	60.50*	60.5* 80,666 60.3* 12,010 69.2*	60.5* 80,666 60.3* 12,010 69.2*	60.5* 80,666 60.3* 12,010 69.2*	60.5* 80,666				
	79,836,086			80,666,246								
	61.90*	61.30*	60.30*	60.30*				60.3*				
	11,753,803	11,964,583	12,010,174 69.20*	12,010,174				12,010 69.2*				
	67.40*	68.20*		69.20*								
REVOLVING FUND	167,822,848	167,948,120	168,562,230	168,562,230	168,563	168,563	168,563	168,563				
		No. of the second		İ								
CAPITAL IMPROVEMENT COSTS				İ								
CONSTRUCTION	15,993,000	19,952,000	16,045,000	16,045,000								
TOTAL CAPITAL EXPENDITURES	15,993,000	19,952,000	16,045,000	16,045,000								
				•								
BY MEANS OF FINANCING				!				•				
G.O. BONDS	2,666,000	3.326.000	2,675,000	2,675,000								
OTHER FED. FUNDS	13,327,000	16,626,000	13,370,000	13,370,000								
TOTAL POSITIONS	267.00*	267.00*	267.00*	267.00*	267.00*	267.00*	267.00*	267.00*				
TOTAL PROGRAM COST	280,204,680	284,477,104	282,403,611	282,403,611	266,358	266.358	266.358	266,358				

PROGRAM ID:

**HTH840** 

PROGRAM STRUCTURE NO. 040101

PROGRAM TITLE:

ENVIRONMENTAL MANAGEMENT

The state of the s		IN DOLLA	1RS	!		IN THOUS	.ANI 3S	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	218.00*	218.00*	218.00*	218.00*	218.0*	218.0*	218.0*	218.0*
PERSONAL SERVICES	12,845,825	12,895,569	13,905,779	13,905,779	13,905	13,905	13,905	13,905
OTHER CURRENT EXPENSES	243,656,857	243,656,857	244,200,372	244,200,372	244,200	244,200	244,200	244,200
EQUIPMENT	68,968	68,968	53,568	53,568	54	54	54	54
TOTAL OPERATING COST	256,571,650	256,621,394	258,159,719	258,159,719	258,159	258,159	258,159	258,159
BY MEANS OF FINANCING				1				
	57.00*	57.00*	57.00*	57.00*	57.0*	57.0*	57.0*	57.0*
GENERAL FUND	3,509,085	3,456,360	3,629,536	3,629,536	3,629	3,629	3,629	3,629
CDECTAL FIND	60.20*	60.00*	60.00*	60.00*	60.0*	60.0*	60.0*	60.0*
SPECIAL FUND	79,786,211 47.40*	79,816,308 46.80*	80,616,371 45.80*	80,616,371   45.80*	80,616 45.8*	80,616 45.8*	80,616 45.8*	80,616 45.8*
OTHER FED. FUNDS	8,716,169	8,763,269		8,808,860	8,809	8,809	8,809	8,809
OTHER TED. TORDS	53.40*	54.20*	55.20*	55.20*	55.2*	55.2*	55.2*	55.2*
REVOLVING FUND	164,560,185	164,585,457	165,104,952	165,104,952	165,105	165,105	165,105	165,105
CAPITAL IMPROVEMENT COSTS CONSTRUCTION	15,993,000	19,952,000	16,045,000	16,045,000				•
CONSTRUCTION	15,773,000	17,752,000	16,045,000	16,045,000				
TOTAL CAPITAL EXPENDITURES	15,993,000	19,952,000	16,045,000	16,045,000				
	=======================================			i				
BY MEANS OF FINANCING				1				
G.O. BONDS	2,666,000	3,326,000	2,675,000	2,675,000				
OTHER FED. FUNDS	13,327,000	16,626,000	13,370,000	13,370,000				
TOTAL POSITIONS	218.00*	218.00*	218.00*	218.00*	218.00*	218.00*	218.00*	218.00*
TOTAL PROGRAM COST	272,564,650	276.573.394	274,204,719	274.204.719	258,159	258.159	258,159	258,159

#### PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH840
040101
ENVIRONMENTAL MANAGEMENT

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
MEASURES OF EFFECTIVENESS  1. % COVERED SOURCES IN COMPL WIAIR RULES/PERMITS 2. % WASTEWTR EFFL/BIOSOLIDS REUSED FOR BENEF PURPS 3. % WASTEWATER DISCHARGERS IN COMPLIANCE W/PERMITS 4. % OF MARINE RECREATIONAL SITES IN COMPL WITH RULES 5. % PUBLIC DRINKING WATER SYS MEETING HEALTH STNDRDS 6. % INJECTION WELL FACILITIES WITH A UIC PERMIT 7. % SOLID & HAZARDOUS WASTE FACILITIES IN COMPLIANCE 8. % UNDERGRND STORAGE TANK FACILITIES IN COMPLIANCE 9. PERCENT OF WASTEWATER REVOLVING FUNDS LOANED 10. % OF WASTEWATER SYSTEMS IN COMPLIANCE WITH RULES	93 17 96 100 97 53 55 88 99 62	92 17 96 100 93 57 60 87 94	92 17 96 100 93 57 60 87 90 80	92 17 96 100 93 57 60 87 90 80	-92 17 96 100 93 57 60 87 90	92 17 96 100 93 57 60 87 90	92 17 96 100 93 57 60 87 90 80	92 17 96 100 93 57 60 87 90 80
PROGRAM TARGET GROUPS  1. NUMBER OF COVERED AIR POLLUTION SOURCES 2. # EXSTG TRTMT WORKS PRODENG RECLAIMD WTR/BIOSOLIDS 3. NUMBER OF MAJOR AND MINOR WASTEWATER DISCHARGERS 4. NUMBER OF MARINE RECREATIONAL SITES 5. NUMBER OF PUBLIC DRINKING WATER SYSTEMS 6. NUMBER OF UNDERGROUND INJECTION WELL FACILITIES 7. NUMBER OF SOLID AND HAZARDOUS WASTE FACILITIES 8. NO. UNDERGROUND STORAGE TANK FACILITIES REGISTERED 9. VALUE OF WASTEWATER REVOLVING FUND LOANS MADE 10. # EXISTG TRTMT WKS & TRTMT INDIV WASTEWTR SYSTEMS	138 47 67 147 129 963 450 3243 4	145 47 67 147 133 950 450 3250 12 29860	145 47 67 147 133 950 450 3250 4	145 47 67 147 133 950 450 3250 4	145 47 67 147 133 950 450 3250 4	145 47 67 147 133 950 450 3250 4 37800	145 47 67 147 133 950 450 3250 4	145 47 67 147 133 950 450 3250 4
PROGRAM ACTIVITIES  1. NO. INSPECTIONS OF COVERED AIR POLLUTION SOURCES 2. NO. OF INDIV WW SYS/BLDG PERMIT APPS REVWD/APPRVD 3. # OPER/MAINT/COMPLNT INSPECTNS OF WASTEWTR DISCHRS 4. # OF MICROBIOL/CHEM ANALYSES FOR MARINE WATER QUAL 5. # OF SYSTEMS MONITRD FOR COMPL W/FORMAL ENF ORDERS 6. NUMBER OF INJECTION WELL APPLICATIONS PROCESSED 7. # OF SOLID/HAZ WASTE FACIL INSPECTED/INVESTIGATED 8. NO. OF UNDERGRND STORAGE TANK FACIL EVAL/INSPECTED 9. NUMBER OF NEW CONSTRUCTION LOANS ISSUED 10. # OP/MAINT/CONST INSP/ENF ACT/INVSTGTNS AT WW FAC	124 7680 300 6020 1 71 88 531 4	125 6500 300 6200 1 72 100 500 12 3200	125 6500 300 6200 1 72 10 500 6 3200	125 6500 300 6200 1 72 10 500 6 3200	125 6500 300 6200 1 72 100 500 6 3200	125 6500 300 6200 1 72 100 500 6 3200	125 6500 300 6200 1 72 100 500 6 3200	125 6500 300 6200 1 72 100 500 6
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) LICENSES, PERMITS, AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS TOTAL PROGRAM REVENUES	70 13,979 23,283 63,076 5 18,010	70 13,647 24,055 63,233 5 18,801 119,811	70 13,303 24,055 63,087 5 19,145 119,665	70 12,949 24,055 62,197 5 19,473 118,749	70 12,587 24,055 62,019 5 19,828 118,564	70 12,217 24,055 61,854 5 19,657 117,858	70 11,872 24,055 61,388 5 15,283 112,673	70 11,872 24,055 61,388 5 15,283
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS ALL OTHER FUNDS TOTAL PROGRAM REVENUES	70 68,436 49,917 118,423	70 68,435 51,306 119,811	70 68,434 51,161 119,665	70 67,714 50,965 118,749	70 67,714 50,780 118,564	70 67,714 50,074 117,858	70 67,714 44,889 112,673	70 67,714 44,889 112,673

# A. Statement of Program Objectives

To preserve and enhance environmental quality as it relates to human and ecological health in Hawaii.

# B. Description of Request and Compliance with Section 37-68(1)(A)(B)

The budget includes the following additions:

Establish a special fund ceiling and temporary Information Technology Specialist IV to implement e-waste recycling per Act 103/SLH 2007 (500,000B; 500,000B)

Change the means of financing from federal funds to revolving funds for Engineer IV (#51077 in Solid and Hazardous Waste Branch to assist with monitoring landfills (-1.00/-72,175N; -1.00/-72,175N); (1.00/72,175W;1.00/72,175W).

Increase the federal fund ceiling in the Safe Drinking Water Branch based on a higher grant award level (117,766N).

Establish a temporary Engineer IV and Program Specialist IV to implement the Greenhouse Gas Program per Act 234/SLH 2007 (0.00/168,437W; 0.00/168,437W).

A capital improvement project to fund EPA-required State match for the Water Pollution Control State Revolving Fund construction loan program (1,045,000C and 5,224,000N in both years).

A capital improvement project to fund the EPA-required State match for the Drinking Water Treatment Revolving Fund construction loan program (1,630,000C and 8,146,000N in both years).

# C. <u>Description of Activities Performed</u>

- Technical Review: Evaluate the actual or potential for environmental pollution from natural and manmade sources and administer the State's wastewater and drinking water facilities construction and improvement programs.
- Permitting: Issue permits for the control of air, water, and underground discharges and for solid waste management and disposal.
- 3. Monitoring and Inspection: Monitor and evaluate the effects of pollutants on ambient conditions throughout the State.
- Investigation and Enforcement: Investigate complaints, inspect sources, and initiate appropriate action to correct violations.
- 5. Other: Provide technical assistance to various private and public agencies.
- Emergency preparedness: Prepare for disasters and other emergencies, particularly from terrorist acts against drinking water systems and from sewage spills.

### D. Statement of Key Policies Pursued

The major strategy in environmental management is the use of regulatory power to force compliance by dischargers to standards set by the Department of Health. The Department's policy has been to use permits and variances as the principal mechanism, working with dischargers to set schedules for compliance and utilizing enforcement actions for major discharges.

The water pollution control strategy is to attack water pollution in the areas where it is serious and where it results from the discharge of point sources and controllable nonpoint sources. The overall air pollution strategy is to maintain control over stationary sources. A new direction is to develop a greenhouse gas program to attain desired thresholds in the State's air quality.

In solid waste management, departmental policy is to continually upgrade facilities through regulation and technical assistance to meet environmental standards and to encourage recycling and resource recovery.

The hazardous waste management program strategy is to assure that generators either 1) recover their wastes for reuse or 2) dispose of their wastes by permitted incineration or by shipping out-of-state for disposal in a Federally-permitted facility.

The safe drinking water program is a surveillance, monitoring and enforcement program to insure that water purveyors are providing safe drinking water that is in compliance with applicable standards.

## E. Identification of Important Program Relationships

# 1. Intradepartmental

The Laboratories Division of the Department of Health provides laboratory support for the pollution control programs, including analyses of samples and the preparation of laboratory reports.

#### Interagency

The major interagency relationship of the environmental management programs is with the U.S. Environmental Protection Agency. At the State level, programs are coordinated with Department of Land and Natural Resources, Department of Transportation, Department of Agriculture, the Department of Business, Economic Development, and Tourism and Department of the Attorney General.

# F. Description of Major External Trends Affecting the Program

The federal government, through various laws enacted by Congress, has a major effect on the State environmental management programs by mandating minimum requirements without adequate funding.

# G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

Extensive federal legislation in the area of environmental protection, often without funding, and increasing federal efforts to delegate programs to the State have resulted in our inability to accomplish desired goals.

# H. Discussion of Program Revenue

The major source of income for this program is Federal grants administered by the U.S. Environmental Protection Agency and funded pursuant to the Federal Water Pollution Control Act, Clean Air Act, the Resource Conservation and Recovery Act, and the Safe Drinking Water Act.

# I. Summary of Analysis Performed

Not applicable.

# J. Further Consideration

None

REPORT P61-A

PROGRAM ID:

HTH850

PROGRAM STRUCTURE NO. 040301

PROGRAM TITLE:

OFFICE OF ENVIRONMENTAL QUALITY CONTROL

		IN THOUSANDS						
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	5.00*	5.00*	5.00*	5.00*	5.0*	5.0*	5.0*	5.0*
PERSONAL SERVICES	266,723	266,723	293,086	293,086	293	293	293	293
OTHER CURRENT EXPENSES	53,203	53,203	50,003	50,003	50	50	50	50
TOTAL OPERATING COST	319,926	319,926	343,089	343,089	343	343	343	343
				1				
BY MEANS OF FINANCING				1				
	5.00*	5.00*	5.00*	5.00*	5.0*	5.0*	5.0*	5.0*
GENERAL FUND	319,926	319,926	343,089	343,089	343	343	343	343
TOTAL POSITIONS	5.00*	5.00*	5.00*	5.00*	5.00*	5.00*	5.00*	5.00*
TOTAL PROGRAM COST	319,926	319,926	343,089	343,089	343	343	343	343

STATE OF HAWAII

# PERFORMANCE MEASURES AND PROGRAM REVENUES

REPORT P62

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH850
040301
OFFICE OF ENVIRONMENTAL QUALITY CONTROL

	FY							
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. % OF ENV ASSMTS/EIS REVIEWED/PUBL IN OEQC BULLETIN	100	100	100	100	100	100	100	100
PROGRAM TARGET GROUPS  1. HAWAII DEFACTO POPULATION	1307000	1308000	1308000	1308000	1309000	1309000	1309000	1309000
PROGRAM ACTIVITIES  1. NO. OF POSN/POL ON ENVIRMTL ISSUES DEV FOR GOV/LEG 2. NO. ENV ISSUES ASSESSMTS/IMPACT STATEMNTS REVIEWED 3. NO. ENVRNMNTL EDUC PROJECTS & WORKSHOPS CONDUCTED	1	1	1	1	1	1	1	1
	420	420	420	420	440	450	450	450
	2	2	2	2	4	4	4	4

## A. Statement of Program Objective(s)

To assist in restoring, protecting and enhancing the natural physical environment of the State by stimulating, expanding, and coordinating efforts of governmental agencies, industrial groups and citizens.

# B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

There are no budget requests at this time.

# C. Description of Activities Performed

Program objectives include implementation of Ch. 341, HRS. This includes public education programs through the University of Hawaii Environmental Center; conduct research; encourage public acceptance of proposed legislative and administrative actions concerning ecology and environmental quality through the Environmental Council; through legislation preserve and enhance the environmental quality of the State; and offer advice and assistance to private industry, governmental agencies, or other persons upon request.

## D. Statement of Key Policies Pursued

The key policies which govern this program are those found under Ch. 341 and 343, HRS. These policies contend that Hawaii's environment and economy are of equal importance, and the environment shall receive full consideration in all actions or decisions which may affect it. The environmental impact statement process and the Environmental Council assure that the economic, physical, social, cultural, and other benefits and impacts of proposed actions are identified and assessed. Office of Environmental Quality Control (OEQC) also initiates new environmental activities and informs agencies and the public about viable means of protecting, conserving, or reusing valuable natural and man-made resources.

#### E. <u>Identification of Important Program Relationships</u>

Program relationships extend to every agency of State and County government, as well as Federal agencies. All actions with environmental impact fall within OEQC's purview. This extends to private industry, citizens, and organizations. Within the State government, the environmental aspects of each agency's actions are subject to OEQC's guidance and coordination, and when requested by the Governor, direction by OEQC.

# F. Description of Major External Trends Affecting the Program

External trends, which affect this program are recent court cases that reaffirmed the requirements of Ch. 343, HRS to the development process; 2) the state of the economy; and 3) the increasing awareness of citizens on matters relating to the environment.

#### G. Discussion of Cost, Effectiveness, and Program Size Data

The scope of OEQC's program effort is exceedingly broad. Existing staff support all levels towards fulfilling the mandate provided in HRS 343; to administer the environmental review system. The disclosure process is to inform all citizens of projects and their effect on the environment, economic development, and social and cultural impacts.

# H. Discussion of Program Revenue

None.

#### I. Summary of Analysis Performed

None.

#### J. Further Considerations

None.

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# H. Discussion of Program Revenue

None.

### I. Summary of Analysis Performed

None.

#### J. Further Considerations

None.

PROGRAM ID:

**HTH849** 

PROGRAM STRUCTURE NO. 040303

PROGRAM TITLE:

ENVIRONMENTAL HEALTH ADMINISTRATION

		IN THOUSANDS						
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	44.00*	44.00*	44.00*	44.00*	44.0*	44.0*	44.0*	44.0*
PERSONAL SERVICES	2,930,739	2,869,419	3,122,158	3,122,158	3,122	3,122	3,122	3,122
OTHER CURRENT EXPENSES	4,384,365			4,728,645	4,729	4,729	4,729	4,729
EQUIPMENT	5,000	5,000	5,000	5,000	5	5	5	5
TOTAL OPERATING COST	7,320,104	7,583,784	7,855,803	7,855,803	7,856	7,856	7,856	7,856
							******	
BY MEANS OF FINANCING				1				
	15.00*	15.00*	15.00*	15.00*	15.0*	15.0*	15.0*	15.0*
GENERAL FUND	969,932	969,932	1,147,336	1,147,336	1,147	1,147	1,147	1,147
	.50*	.50*	.50*	.50*	.5*	.5*	.5*	.5*
SPECIAL FUND	49,875	49,875	49,875	49,875	50	50	50	50
	14.50*	14.50*	14.50*	14.50*	14.5*	14.5*	14.5*	14.5*
OTHER FED. FUNDS	3,037,634	3,201,314	3,201,314	3,201,314	3,201	3,201	3,201	3,201
	14.00*	14.00*	14.00*	14.00*	14.0*	14.0*	14.0*	14.0*
REVOLVING FUND	3,262,663	3,362,663	3,457,278	3,457,278	3,458	3,458	3,458	3,458
TOTAL POSITIONS	44.00*	44.00*	44.00*	44.00*	44.00*	44.00*	44.00*	44.00*
TOTAL PROGRAM COST	7,320,104	7,583,784	7,855,803	7,855,803	7,856	7,856	7,856	7,856

# PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH849
040303
ENVIRONMENTAL HEALTH ADMINISTRATION

	FY							
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. % OIL/CHEM/HAZ SPILL RESPONSES/CLEANUPS INVESTGTD  2. PERCENT OF COMPLETE CHEMICAL INVENTORIES REPORTED  3. PERCENT OF TARGET GROUP THAT HAS BEEN ASSISTED	17	17	17	17	17	17	17	17
	100	100	100	100	100	100	100	100
	15	15	10	10	10	10	10	10
PROGRAM TARGET GROUPS  1. NUMBER OF OIL/CHEMICAL/HAZARDOUS MATERIAL SPILLS  2. #KNOWN FACIL REQUIRED TO REPORT CHEM INVENTORIES  3. #PERSONS AFFECTED BY/OR INQ ABOUT ENVIRON HAZARDS	330	330	400	400	400	400	400	400
	979	979	900	900	900	900	900	900
	100000	100000	100000	100000	100000	100000	100000	100000
PROGRAM ACTIVITIES  1. NO. OIL/CHEM/HAZARD MATERIAL SPILLS INVESTIGATED  2. NO. OF FACIL REPRTNG COMPLETE CHEMICAL INVENTORIES  3. #INVESTIG/RESPONSES TO RPTS OF ENV ILLNESS/INJURY	57	57	57	57	57	57	57	57
	979	979	979	979	979	979	979	979
	15504	15504	15504	15504	15504	15504	15504	15504
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) TAXES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES TOTAL PROGRAM REVENUES	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800
	54	54	54	54	54	54	54	54
	1,575	1,575	1,575	1,575	1,575	1,575	1,575	1,575
	42	42	42	42	42	42	42	42
	640	640	640	640	640	640	640	640
	4,111	4,111	4,111	4,111	4,111	4,111	4,111	4,111
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) SPECIAL FUNDS ALL OTHER FUNDS TOTAL PROGRAM REVENUES	1,629	1,629	1,629	1,629	1,629	1,629	1,629	1,629
	2,482	2,482	2,482	2,482	2,482	2,482	2,482	2,482
	4,111	4,111	4,111	4,111	4,111	4,111	4,111	4,111

### A. Statement of Program Objectives

To formulate environmental policy; direct operations and personnel; and provide other administrative, planning, hazard evaluation, and emergency response services.

# B. <u>Description of Request and Compliance with Section 37-68(1) (A) (B)</u>

To Provide Funding for the Renewable Energy Facilitator position established per Act 208/SLH 2008 in DBET and an associated expenditure ceiling increase (0.00/119,280W; 0.00/119,280W).

# C. <u>Description of Activities Performed</u>

The major activities in this program are:

- 1. Administration: Establish and implement policies for environmental programs to prevent and/or reduce environmental pollution to acceptable levels and to protect the community from unsanitary and hazardous conditions.
- Planning: Provide short- and long-term planning, information management, and program evaluation services for all programs in the Environmental Health Administration.
- 3. Hazard Evaluation & Emergency Response: Provide the evaluation and surveillance of environmental hazards and emergency and other response to and remediation of environmental agents.
- Resource Control: Plan, direct, and review fiscal and personnel planning, programming, and budgeting activities for the Environmental Health Administration.

#### D. Statement of Key Policies

Environmental Health Administration policies are discussed in the Department's Environmental Management (HTH 840), and the Environmental Health Services (HTH 610). In addition to the above, Environmental Health Administration establishes policy for all environmental programs, provides administrative services, develops new programs, and provides response to environmental emergencies.

# E. Identification of Important Program Relationships

## 1. Intradepartmental

The State Laboratories Division (SLD) of the Department of Health provides laboratory support for the environmental programs, disease outbreak, and communicable disease programs, including analyses of samples and the preparation of laboratory reports.

## 2. Interagency

The primary interagency relationship is with the U.S. Environmental Protection Agency, Region 9, which provides guidelines and funding for fourteen major programs. The U.S. Food and Drug Administration provides guidelines for the more traditional public health programs. The SLD works with the U.S. Centers for Disease Control and other federal agencies. Close interagency relationships are maintained with the State Department of Transportation, Department of Land and Natural Resources, Department of Agriculture, the Department of Business, Economic Development, and Tourism and Department of the Attorney General.

# F. Description of Major External Trends Affecting the Program

The Federal government, through various laws enacted by Congress, has a major effect on the State environmental programs due the enactment of new programs and the revision of requirements of existing programs. These changes include the establishment of minimum requirements without increased funding. Anti-terrorism needs are now a serious element and function within this program.

Fiscal constraints at the federal and state level.

#### G. Discussion of Cost, Effectiveness, and Program Size Data

Extensive federal legislation in the area of environmental protection, often without funding, and increasing federal efforts to delegate programs to the State has resulted in extensive prioritizing in order to accomplish desired goals.

# H. <u>Discussion of Program Revenues</u>

The Federal grants continue to be the main source of outside revenue for the programs. Another source of income is from various environmental activities, fines, cost recovery, special charges, etc., that are placed into the Environmental Response Revolving Fund.

# I. Summary of Analysis Performed

Not applicable.

# J. Further Consideration

None

PROGRAM ID:

PROGRAM STRUCTURE NO. 05

PROGRAM TITLE:

HEALTH

DOOD IN EVERYDIES		IN DOLI				IN THOU		
ROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-1
	ing the second of the second							
CURRENT LEASE PAYMENTS OTHER CURRENT EXPENSES MOTOR VEHICLE	11,118,796	11,118,796	12,697,796	12,570,796	12,571	12,571	12,571	12,57
	32,260	32,260	32,260 	32,260	32	32	32	3
TOTAL CURRENT LEASE PAYMENTS C	11,151,056	11,151,056 	12,730,056	12,603,056	12,603 =====	12,603	12,603	12,60
BY MEANS OF FINANCING								
GENERAL FUND SPECIAL FUND	109,056 11,042,000	109,056 11,042,000	109,056 12,621,000	109,056 12,494,000	109 12,494	109 12,494	109 12,494	10 <sup>4</sup>
		en jaron de la filosofia de la companya de la comp La companya de la co				,	,	
OPERATING COST	5,501.05*	5,545,55*	5,537.55*	5,537.55*	5,537.6*	5.537.6*	5,537.6*	5.537.0
PERSONAL SERVICES	452,550,483	452,000,198	527,732,048	534,940,275	534,941	534,941	534,941	534,94
OTHER CURRENT EXPENSES	670,396,124	727,667,456	752,662,101	763,696,779	763,696	763,696	763,696	763,696
EQUIPMENT	3,880,134	2,589,779 	1,304,336	1,301,436	1,302	1,302	1,302	1,302
TOTAL OPERATING COST	1,126,826,741	1,182,257,433	1,281,698,485	1,299,938,490	1,299,939	1,299,939	1,299,939	1,299,939
BY MEANS OF FINANCING				1				
GENERAL FUND	2,312.80* 484,211,283	2,353.30* 497,318,372	2,334.30* 514,980,714	2,334.30* 515,630,714	2,334.4* 515,632	2,334.4* 515,632	2,334.4* 515,632	2,334.4 515,632
	2,897.25*	2,899.25*	2,910.75*	2,910.75*	2,910.7*	2,910.7*	2,910.7*	2,910.7
SPECIAL FUND	484,349,854	513,742,847	590,932,019	608,522,949	608,523	608,523	608,523	608,523
ATUEN FED. FUNDS	288.00*	290.00*	290.00*	290.00*	290.0*	290.0*	290.0*	290.0
OTHER FED. FUNDS	90,806,859 3.00*	94,323,726 3.00*	98,853,846 2.50*	98,852,921 2.50*	98,852	98,852	98,852	98,852
INTERDEPT. TRANSFER	67,458,745	76,872,488	76,931,906	76,931,906	2.5* 76,932	2.5* 76,932	2.5* 76,932	2.5 76,932
CAPITAL IMPROVEMENT COSTS								
PLANS	80,000	1,000,000		į				
DESIGN	1,993,000	528,000	1,270,000	1,497,000				
CONSTRUCTION	17,714,000	11,204,000	18,729,000	18,502,000				
EQUIPMENT	2,000	156,000	1,000	1,000				
TOTAL CAPITAL EXPENDITURES	19,789,000	12,888,000	20,000,000	20,000,000			========	
BY MEANS OF FINANCING				1				
G.O. BONDS	19,789,000	12,888,000	20,000,000	20,000,000				

REPORT P61-A

PROGRAM ID:

PROGRAM STRUCTURE NO. 05

PROGRAM TITLE:

HEALTH

		IN DOLLARS					IN THOUSANDS				
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15			
TOTAL POSITIONS	5,501.05*	5,545.55*	5,537.55*	5,537.55*	5,537.60*	5,537.60*	5,537.60*	5,537.60*			
TOTAL PROGRAM COST	1,157,766,797	1,206,296,489	1,314,428,541	1,332,541,546	1,312,542	1,312,542	1,312,542	1,312,542			
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PROGRAM ID:

HTH100

PROGRAM STRUCTURE NO. 05010101

PROGRAM TITLE:

COMMUNICABLE DISEASE SERVICES

		IN DOLLA	K2	;		IN THOUS	ANI)>	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	135.50*	134.50*	188.50*	188.50*	188.5*	188.5*	188.5*	188.5
PERSONAL SERVICES	9,327,882	9,066,427	16,745,651	16,747,626	16,748	16,748	16,748	16,748
OTHER CURRENT EXPENSES	12,681,107	12,998,883	20,012,362	20,012,362	20,012		20,012	20,012
EQUIPMENT			826,118	826,118	826	826	826	826
TOTAL OPERATING COST	22,008,989	22,065,310	37,584,131	37,586,106	37,586	37,586	37,586	37,586
BY MEANS OF FINANCING	110 000	118.00*	107 (0)	107 (01)	107 (**	107 (*	107 (	407 (
GENERAL FUND	119.00*		137.60*	137.60*	137.6*	137.6*	137.6*	137.6*
GENERAL FUND	14,085,162 16.50*	14,141,483 16.50*	16,441,675 50.90*	16,441,675 50.90*	16,442 50.9*	16,442 50.9*	16,442 50.9*	16,442
OTHER FED. FUNDS	7,923,827	7,923,827	21,142,456	21,144,431	21,144	21,144	21,144	50.9* 21,144
CAPITAL IMPROVEMENT COSTS				İ				
DESIGN	51,000							
CONSTRUCTION	1,458,000					* _		
EQUIPMENT	1,000				<u> </u>	<u> </u>	<u></u> .	
TOTAL CAPITAL EXPENDITURES	1,510,000							
BY MEANS OF FINANCING								
G.O. BONDS	1,510,000							
	_,,,,,,,,,,							
TOTAL POSITIONS	135.50*	134.50*	188.50*	188.50*	188.50*	188.50*	188.50*	188.50*
TOTAL PROGRAM COST	23,518,989	22,065,310	37,584,131	37,586,106	37,586	37,586	37,586	37,586

# PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH100
D5010101
COMMUNICABLE DISEASE SERVICES

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
MEASURES OF EFFECTIVENESS				20.0		2012 10	201011	2011 10
1. NEW ACTIVE TB CASE RATE PER 100,000 RESIDENTS 2. ACTIVE TB CASES - PROPORTN COMPL RECOM THERAPY (%) 3. LATENT TB CASES - PROPRTN COMPL RECOM THERAPY (%) 4. CHLAMYDIA CASE RATE PER 100,000 5. GONORRHEA CASE RATE PER 100,000 6. NEWLY REPORTED AIDS CASES PER 100,000 7. NEWLY DIAGNOSED HANSEN'S DISEASE CASES PER 100,000 8. % OUTPATIENTS W/NEW COMPLICATNS FROM HANSEN'S DIS 9. ANNL KALAUPAPA REGISTRY PATIENT CARE/RESIDENT DAYS 10. % KALAUPAPA PATNTS RCVNG ANNL PHY EVAL/REHAB PRGM	8.6 92 55 450 84 8 2 2 4900 100	8.6 92 56 450 84 8 2 2 4900 100	9.0 93 58 470 53 8 1 1 5200	9.0 93 58 470 53 8 1 1 5200	9.0 93 58 470 53 8 1 1 5200	9.0 93 58 470 53 8 1 1 5200	9.0 93 58 470 53 8 1 1 5200	9.0 93 58 470 53 8 1 1 5200
PROGRAM TARGET GROUPS  1. RESIDENT POPULATION, STATE OF HAWAII (IN THOUS) 2. CONTACTS OF INFECTIOUS TB CASES 3. DOCUMENTED IMMIGRANTS 4. WOMEN 18-25 YEARS OF AGE 5. CONTACTS OF CHLAMYDIA CASES FROM DOH'S STD CLINIC 6. CONTACTS OF HIV CASES FRM DOH'S HIV COUNSLING/TSTNG 7. PATIENTS DOH'S CONTR CASE MGT SVCS NOT HIV TRTMNT 8. PATIENTS ON THE KALAUPAPA REGISTRY 9. CONTACTS OF HANSEN'S DISEASE CASES 10. OUTPATIENTS W/HANSEN'S DISEASE-RELATD DISABILITIES	1275 970 3600 65000 600 30 0 28 700	1275 970 3600 65000 600 30 0 25 700	1285 900 3700 65000 600 30 0 22 800	1285 900 3700 65000 600 30 0 22 800	1285 900 3700 65000 600 30 0 22 800	1285 900 3700 65000 600 30 0 22 800	1285 900 3700 65000 600 30 0 22 800 100	1285 900 3700 65000 600 30 0 22 800
PROGRAM ACTIVITIES  1. NO. OF INDIVIDUALS RECVNG COUNSELNG/EVAL/SCREENING 2. NO. INDIV RECVNG EVAL FOR SUSPCTD EXP TO COMM DIS 3. NO. OF INDIV RECVNG TREATMNT FOR COMM DISEASE 4. NO. OUTPATNT VISTS/EVAL BY PHYS/NURSES/SW/PARAMED 5. NO. OF LABORATORY TESTS OBTAINED AND REVIEWED 6. NO. OF WOMEN, 18-25, SCREENED FOR CHLAMYDIA 7. NO. PATIENTS PROVIDD HIV-RELATD DRUG TREATMNT ASST 8. NO. OF HIV DRUG TREATMENT PRESCRIPTIONS FILLED 9. NUMBER OF STERILE SYRINGES EXCHANGED 10. #KALAUPAPA PATIENTS PROVD ANNL PHYSIC/REHAB ASSMT	50000 750 2300 13500 4500 8500 300 8600 410000 28	48000 750 2300 13500 4500 8500 300 8600 410000 25	52000 700 2300 13500 4500 9300 325 8600 410000	52000 700 2300 13500 4500 9300 325 8600 410000	52000 700 2300 13500 4500 9300 325 8600 410000	52000 700 2300 13500 4500 9300 325 8600 410000	52000 700 2300 13500 4500 9300 325 8600 410000	52000 700 2300 13500 4500 9300 325 8600 410000
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES NON-REVENUE RECEIPTS TOTAL PROGRAM REVENUES	7,359 43 108 7,510	8,876 35 100 9,011	8,876 35 100 9,011	8,876 35 100 9,011	8,876 35 100 9,011	8,876 35 100 9,011	8,876 35 100 9,011	8,876 35 100 9,011
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS	151 7,359	135 8,876	135 8,876	135 8,876	135 8,876	135 8,876	135 8,876	135 8,876
TOTAL PROGRAM REVENUES	7,510	9,011	9,011	9,011	9,011	9,011	9,011	9,011

#### A. Statement of Program Objectives

To reduce the incidence, severity, and disabling effects of established, communicable diseases of public health importance (i.e. tuberculosis (TB), sexually transmitted disease (STDs), Human Immunodeficiency Virus (HIV) and Hansen's disease) by adopting preventive measures and by undertaking programs of early detection and effective treatment. Provide long-term care to Hansen's disease patients who have been disabled either directly from pathological effects of the disease, or psychologically or socially from the effects of prolonged institutionalization.

# B. Description of Request and Compliance with Section 37-68(1) (A) (B)

- Trade-off/transfer position count only from Electrician I (#05734) in HTH 100/DG for an Information Technology Specialist V (#119005) in HTH 710/MB. #05734 will be converted from a permanent to a temporary position. This will allow the State Laboratories Division to implement a Laboratory Information Management System. (-1.00/0A, -1.00/0A).
- Transfer-in positions and funds from HTH 131/DA to HTH 100/KE to reflect the merger of the Disease Outbreak Control Division (DOCD) with the Communicable Disease Division (CDD) (5.00/291,174A, 5.00/291,174A; 1.00/63,309N, 1.00/63,309N).
- Transfer-in positions and funds from HTH 131/DB to HTH 100/DB to reflect the merger of DOCD with the CDD (12.00/8,868,290N, 12.00/8,868,290N).
- Transfer-in positions and funds from HTH 131/DC to HTH 100/DC to reflect the merger of DOCD with the CDD (21.00/2,904,975N, 21.00/2,904,975N).
- Transfer-in positions and funds from HTH 131/DJ to HTH 100/DJ to reflect the merger of DOCD with the CDD (15.60/1,439,230A, 15.60/1,439,230A; 0.40/982,706N, 0.40/982,706N).

# C. <u>Description of Activities Performed</u>

TB Control Branch (TB Control Branch) – Coordinate and provide screening for active TB disease and latent TB infection using skin test, blood tests and X-rays. PHNs, MDs, pharmacists, and outreach workers evaluate, treat, and monitor patient compliance with treatment protocols, as well as trace and manage contacts of active TB cases. "TB Case Review" and other program evaluation tools provide comprehensive program evaluation and direction, and facilitate collection of relevant data for surveillance, statistical reporting and analysis of trends.

Hansen's Disease Branch (HD Branch) – The Hansen's Disease Community Program prevents the spread of Hansen's disease through case management, treatment and epidemiological follow up of new cases. The program provides a secure living environment

and all medical care for the patients of Kalaupapa as long as they choose to stay there. Hale Mohalu Hospital on Oahu provides a higher level of medical care for the Kalaupapa patients than can be provided at the Kalaupapa nursing facility. Patients are also triaged or re-admitted to Hale Mohalu Hospital on their way to tertiary care in the community hospitals, thus providing greater continuity of care.

STD/AIDS Prevention Branch (SAPB) - Provides surveillance, prevention, and treatment in conjunction with community partners to reduce the spread of STDs and HIV infection statewide and screen those who are most at risk. The STD Clinic, located at Diamond Head Health Center, offers free examination, treatment, counseling, and health education services. The Gonorrhea/Chlamydia Screening Program is a statewide screening program to reduce the reservoir of infection in asymptomatically affected women who can transmit infection and who may have delayed sequelae from their infection. The screening program also provides health care providers with the necessary materials, delivery system, and laboratory support to screen high-risk women for gonorrhea/chlamydia. STD and HIV surveillance data enables the program to monitor disease transmission and to target resources more efficiently and effectively. The SAPB also coordinates and participates in a program for anonymous HIV testing that includes pre- and post-test counseling provided by trained HIV counselors/testers in community clinics throughout the State. HIV/AIDS medical care and services are supported through case management in conjunction with community partners. Individuals with HIV/AIDS are provided initial medical and laboratory services. HIV medications are provided for residents with HIV who are unable to access them through other sources. The SAPB also administers a program that continues group health insurance coverage for patients who meet specific program criteria and who leave employment due to symptomatic HIV infection.

#### D. Statement of Key Policies Pursued

The TB Control Branch operates to limit and control tuberculosis in accordance with Chapter 325, HRS. TB control is provided though Hawaii Administrative Rules Title 11 Chapter 164.

The HD Branch operates to limit and control Hansen's disease in accordance with Chapter 326, HRS and Hawaii Administrative Rules Title 11 Chapter 168. The Kalaupapa program operates in accordance with HRS 326-40, which mandates the provision of medical care and the maintenance of their Kalaupapa home for long-term Hansen's disease patients disabled from effects of the disease and life long institutionalization. Kalaupapa was established as a National Historical Park in December 1980 by Public Law 96-565 to operate, preserve, and protect Kalaupapa as a National Park.

The SAPB operates in accordance with Hawaii State Plan, Part I Sec 20(b)(1), (3), (4); Part I Sec 20 (b) (3); and Part I Sec (b) (4).

Surveillance for the entire division operates through Hawaii Administrative Rules Title 11 Chapter 156.

# E. Identification of Important Program Relationships

Communicable Disease Division (CDD) programs work with hospitals, clinics, health care providers, nurses and many other health-related personnel; the US Immigration and Naturalization program; AIDS service organizations; all four military services and the U.S. Coast Guard; and pharmacies and diagnostic laboratories throughout the State. Services support and receive support from many State government agencies such as the Departments of Education, Human Services, Public Safety, Accounting and General Services, and the University of Hawaii. Other program relationships include the federal Office of the Inspector General and private community health centers in Hawaii. Similar interaction occurs within the Department of Health, most commonly with District Health Offices; Public Health Nursing, and Maternal and Child Health Branches; and the Dental Health, Alcohol and Drug Abuse, Adult Mental Health, Disease Outbreak Control, and State Laboratories Divisions. CDD staff provides support to the State during emergencies and exercises.

The federal government provides significant resources to all programs and, in return, requires strict adherence with program guidelines. Funding and other support comes from the Public Health Service, Centers for Disease Control and Prevention, Ryan White Care Act, and other US Department of Health and Human Services programs. Since 1953, Hawaii has received annual reimbursement from the federal government for the care and treatment of Hansen's disease patients in State facilities. This reimbursement has decreased over the last fifteen years to approximately \$1.9 million currently. The DOH and the National Park Service (NPS) entered into a cooperative agreement in 1984 that gradually transfers non-medical operations to the NPS with the DOH continuing to be responsible for health care services. Infrastructure transfer within Kalaupapa is contingent on NPS funding levels.

# F. <u>Description of Major External Trends Affecting the Program</u>

Although TB rates have been decreasing, Hawaii continues to report the highest annual case rates in the US. Hawaii's TB and HD case rates are most influenced by immigration. The Immigration Act of 1990 and the Compact of Free Association (COFA) have resulted in a steady influx of immigrants from nations in Asia and the Pacific Basin where TB and HD is endemic. Rates of gonorrhea, syphilis, and particularly chlamydia in Hawaii are increasing. The large number of patients who meet criteria for testing and the increased costs of

accurate chlamydia tests provide challenges for STD control. The aging of Kalaupapa patients poses significant challenges with increasing infirmities and limitations adding to the progressive disabilities caused by prior Hansen's disease infection. As general medical and infrastructure costs increase in Hawaii, the costs for this geriatric population increase significantly. Problems with "ice" on topside Molokai and elsewhere are filtering into the settlement requiring increased security services. Increases in the number of visitors and Park staff to Kalaupapa have added to the need for support services.

# G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

In FB 09-11, the budget will at best maintain services at the current level without adversely affecting program effectiveness. Staff reduction to the Kalaupapa Settlement over the past 10 years has reached the minimum level to operate safely in this geographically isolated settlement. Many services are run 24 hours a day, 7 days a week and cannot be reduced without jeopardizing safety, efficiency, and effectiveness.

# H. Discussion of Program Revenue

The federal government currently reimburses the State of Hawaii approximately \$1.9 million annually for inpatient care. A portion is used to fund the HD community program needs while the remainder is deposited into the State Treasury.

## Summary of Analysis Performed

With the harsh economy facing the State, the Department evaluated its programs and determined that merging the DOCD with the CDD would help to achieve operational efficiencies.

# J. Further Consideration

Operating Kalaupapa is an especially difficult problem. Due to its geographic isolation, the facility has to be self-sufficient to provide the services required for its community. The operation is not only costly but it is also difficult to attract and recruit qualified personnel to staff the program. Although administering Kalaupapa is costly, Section 326-40, HRS states that it is the policy of the State that the patient residents of Kalaupapa shall be accorded adequate health care and other services for the remainder of their lives. It is the policy of the State that any patient resident of Kalaupapa desiring to remain at the Settlement, shall be permitted to do so.

PROGRAM ID:

HTH131

PROGRAM STRUCTURE NO. 05010102

PROGRAM TITLE:

DISEASE OUTBREAK CONTROL

		IN THOUSANDS						
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	55.00*		*	*	*	*	*	*
PERSONAL SERVICES	6,365,381	6,435,020						
OTHER CURRENT EXPENSES	7,222,119	7,222,119						
EQUIPMENT	826,118	826,118						
TOTAL OPERATING COST	14,413,618	14,483,257						
	=======================================			i				
BY MEANS OF FINANCING				1				
	20.60*	20.60*	*	*	*	*	*	*
GENERAL FUND	1,663,977	1,663,977						
	34.40*	34.40*	*	*	*	*	*	*
OTHER FED. FUNDS	12,749,641	12,819,280						
TOTAL POSITIONS	55.00*	55.00*	*	*	*	*	*	*
TOTAL PROGRAM COST	14,413,618	14,483,257		!				

# PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID: HTH131
PROGRAM STRUCTURE: D5010102
PROGRAM TITLE: DISEASE OUTBREAK CONTROL

	FY	FY	FY	FY	FY	FY	FY	FY
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. INDIGNEOUS MEASLES CASE RATE PER 100,000 2. INDIGENOUS PERTUSSIS CASE RATE PER 100,000 3. % REPORTED VACC-PREVENTABLE DISEASES INVESTIGATED 4. % REPORTED FOOD COMPLAINTS INVESTIGATED 5. % REPORTED ZOONOTIC DISEASES INVESTIGATED 6. % SCH STDTS MEETING IMMZ REQ AFTER FOLLOW-UP 7. % PRESCHOOLERS MEETING IMMZ REQ AFTER FOLLOW-UP 8. % INF BORN TO HEP B CARR STARTG HEP B SERIES	0	0	0	0	0	0	0	0
	1	1	9	9	9	9	9	9
	100	100	100	100	100	100	100	100
	97	90	92	92	92	92	92	92
	100	100	100	100	100	100	100	100
	99	99	99	99	99	99	99	99
	99	99	99	99	99	99	99	99
PROGRAM TARGET GROUPS  1. TOTAL # HAWAII RESIDENTS (1000'S) 2. TOTAL # VISITORS TO HAWAII (1000'S) 3. TOTAL # CHILDREN ATTENDING LIC PRESCHOOLS (1000'S) 4. TOTAL # STUDENTS ATTENDING HAWAII SCHOOLS (1000'S) 5. NUMBER OF BIRTHS EXCLUDING MILITARY (100'S) 6. TOT# CHDRN BORN TO HEP B SURF ANTGN+ WOMEN (100'S)	1283 7251 20 249 162 2	1283 7251 20 249 162 2	1275 7500 19 240 153 2	1275 7500 19 240 153 2	1275 7500 19 240 153	1275 7500 19 240 153 2	1275 7500 19 240 153	1275 7500 19 240 153
PROGRAM ACTIVITIES  1. # DOSES ST-SUPPLIED VACC DIST ADULTS/CHILD (1000S)  2. # SCH CHLD SURVEYED FOR IMM COVERAGE (1000'S)  3. # OF NEW HEP B REGISTRANTS  4. # COMMUNICABLE DISEASE CASES INVESTIGATED  5. # PRESCHOOLERS SURVEYED FOR IMMZ COVERAGE (1000'S)	2.2	2.2	3	3	3	3	3	3
	248	249	240	240	240	240	240	240
	2159	2159	2152	2152	2152	2152	2152	2152
	1194	7555	3000	3000	3000	3000	3000	3000
	20	20	19	19	19	19	19	19
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL NON-REVENUE RECEIPTS TOTAL PROGRAM REVENUES	12,505 341 12,846	11,781 900 12,681	10,312 148 10,460	10,312	10,311 10,311	10,215 10,215	10,215 10,215	10,215 10,215
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) SPECIAL FUNDS ALL OTHER FUNDS TOTAL PROGRAM REVENUES	12,505 341 12,846	11,781 900 12,681	10,312 148 10,460	10,312 10,312	10,311 10,311	10,215 10,215	10,215 10,215	10,215 10,215

#### A. Statement of Program Objectives

To reduce the incidence, severity, and disabling effects related to communicable diseases, emerging disease threats, and potential acts of bioterrorism through surveillance, investigation, early detection, prevention, treatment, follow-up, and public risk reduction and education.

#### B. Description of Reguest and Compliance with Section 37-68 (1)(A)(B)

- Transfer-out positions and funds from HTH 131/DA to HTH 100/KE to reflect the merger of the Disease Outbreak Control Division (DOCD) with the Communicable Disease Division (CDD) (-5.00/-291,174A, -5.00/-291,174A; -1.00/-63,309N, -1.00/-63,309N).
- Transfer-out positions and funds from HTH 131/DB to HTH 100/DB to reflect the merger of DOCD with the CDD (-12.00/-8,868,290N), -12.00/-8,868,290N).
- 3. Transfer-out positions and funds from HTH 131/DC to HTH 100/DC to reflect the merger of DOCD with the CDD (-21.00/-2.904.975N), -21.00/-2.904.975N).
- Transfer-out positions and funds from HTH 131/DJ to HTH 100/DJ to reflect the merger of DOCD with the CDD (-15.60/-1,439,230A, -15.60/-1,439,230A; -0.40/-982,706N, -0.40/-982,706N).

### C. <u>Description of Activities Performed</u>

This program is responsible for the prevention and control of infectious diseases in Hawaii except for Hansen's disease, tuberculosis (TB), and sexually transmitted diseases including acquired immunodeficiency syndrome (AIDS), for which separate programs have been established. This program is responsible for coordinating public health emergency preparedness planning activities and integrating these activities with surveillance and response mechanisms, along with uniform application of policies, procedures, and practices as they relate to the control and prevention of infectious diseases, emerging disease threats, and preparedness and response for public health emergencies throughout the state.

The chief activities of this program include the following:

- Maintain surveillance of the incidence of communicable diseases of public health concern in Hawaii.
- Investigate disease outbreaks and single cases of important or unusual diseases.
- 3. Based on investigation findings and special studies, recommend improved disease prevention and control methods to physicians, other health care

- professionals, government agencies, industry (agriculture, dairy, poultry, other food), and the general public.
- Provide assistance to physicians to diagnose and identify uncommon diseases and provide consultative assistance in treating such diseases upon request of the attending physician.
- 5. Promote use of vaccines by the public to protect themselves from various communicable diseases for which vaccines are available.
- 6. Provide vaccines for the immunization and protection of persons not able to pay for vaccines. Support immunization clinics with vaccine to reach elements of the population who are not able to access physicians in private practice.
- 7. Assess the state of readiness to respond to public health emergencies.
- 8. Inventory resources available to respond to public health emergencies.
- Develop and promulgate plans to respond to public health emergencies.

The Disease Outbreak Control Division (DOCD) is also working to strengthen collaboration between the Department of Health and clinical commercial laboratories and hospitals to address the threat of emerging infectious diseases and bioterrorism. The intent of the collaboration is to enhance the epidemiologic and laboratory capacity of the state to respond to disease outbreaks by fostering joint investigations of academic merit into the etiology, pathogenesis, control, and prevention of communicable diseases.

### D. Statement of Key Policies Pursued

- Surveillance of infectious diseases to track disease incidence, trends, and impact on public health and to effect planning of surveillance and control activities.
- Timely investigation of infectious disease outbreaks and implementation of measures needed to prevent disease transmission, future outbreaks, and to reduce endemic levels of disease.
- Increase community participation, education, and partnerships to promote use of vaccines by the public for protection from various communicable diseases for which vaccines are available.
- Planning, policies, procedures, training, and practice to respond to potential acts of bioterrorism and other public health emergencies.

#### E. Identification of Important Program Relationships

The surveillance, investigation, control, and prevention of infectious disease, and public health emergency preparedness and response in Hawaii requires an extensive network of private, city and county, state and federal, and other organizations. This network is coordinated by DOCD in order to respond to threats to the public's health in an effective, efficient, and timely manner.

#### F. Description of Major External Trends Affecting the Program

Infectious disease is a major cause of morbidity and the control of infectious disease outbreaks remains a core function of the Department of Health through the activities of DOCD. In recent years, infectious pathogens with substantial national and global impact, such as West Nile virus and Severe Acute Respiratory Syndrome (SARS) coronavirus, respectively, have reemerged or emerged, and other equally and perhaps more consequential infectious disease threats, such as an influenza pandemic, that require planning and preparation loom ominously. In addition to the large-scale public health hazards, diseases more common to our state but uncommon to most mainland states, such as leptospirosis and murine typhus, are a constant concern. Finally, infections common to all states, such as methicillin-resistant Staphylococcus aureus or Salmonella, are also constant concerns. Therefore, a concerted effort to prevent and control infectious pathogens is imperative to protect the public.

The need to prevent and control infectious illnesses has led to the development of improved disease surveillance systems. Comprehensive surveillance data ensure timely alerts to the occurrence of potential disease outbreaks and prompt appropriate investigation and control measures. DOCD is responsible for maintaining and enhancing the surveillance and response capabilities of our statewide disease investigation program.

One of the most cost effective measures to prevent the spread of infectious diseases among the population is age-appropriate immunization. Initiatives administered by DOCD's Immunization Branch currently provide federally funded vaccine to nearly two-thirds of Hawaii's children. In addition to supplying vaccine to under-immunized children, the Immunization Program promotes immunizations to parents and providers as well as the general public.

Continued growth of Hawaii's resident population with a concomitant increase in population density and the large volume of visitors enhance the potential for introduction and spread of infectious diseases, some of which, like SARS, could have catastrophic consequences for our economy as well as public health and social order. The large numbers of immigrants and foreign visitors add to the complexity of infectious disease control activities required in our state. A strong Disease Outbreak Control program is essential to ensure that infectious threats to the public health are successfully addressed.

Developments in bioterrorism have made the need to enhance epidemiologic capacity evident to federal level decision-makers. Bioterrorism planning and preparedness includes enhancing resources for surveillance and response to potentially weaponized infectious diseases. DOCD's Bioterrorism Branch is responsible for needs assessment, development, testing, conducting response exercises, evaluation, and on-going updating of statewide public health response plans for bioterrorism events, other serious

epidemics, and other public health emergencies, as well as coordination of these activities for county-specific emergency response plans.

#### G. Discussion of Cost, Effectiveness, and Program Size Data

The budget request for FB 09-11 reflects current services. The Immunization Branch is planning to increase outreach services and immunization screening services in public clinics and private medical facilities to increase immunization rates in children. Ongoing, 24/7/365 surveillance of and response to infectious diseases is a core function of the Department carried out by the Disease Investigation Branch.

The Epidemiology and Laboratory Capacity cooperative agreement provides federal funding which fully supports the State Electronic Laboratory Reporting program. The ELR links all major laboratories in the state to the Disease Outbreak Control Division to provide real-time electronic reporting of test results for diseases of public health concern. In addition, the agreement provides funding for staff positions charged with statewide surveillance for foodborne and enteric diseases, influenza and other respiratory diseases, and zoonotic and vectorborne diseases.

The Public Health Emergency Preparedness cooperative agreement supports activities and resources to prepare the State to respond effectively and efficiently to public health emergencies, including bioterrorism and natural disasters.

#### H. Discussion of Program Revenue -- None

#### Summary of Analysis Performed

With the harsh economy facing the State, the Department evaluated its programs and determined that merging the DOCD with the CDD would help to achieve operational efficiencies.

#### J. Further Considerations -- None

REPORT P61-A

PROGRAM ID:

HTH141

PROGRAM STRUCTURE NO. 050102

PROGRAM TITLE:

DENTAL DISEASES

DROOM SYNCHINES	5,0003.00							
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES	25.00* 1,372,237 371,147	25.00* 1,372,237 371,147	*	*	*	*	*	*
TOTAL OPERATING COST	1,743,384	1,743,384						
				I				
BY MEANS OF FINANCING				1				
GENERAL FUND	25.00* 1,743,384	25.00* 1,743,384	*	*	*	*	*	*
TOTAL POSITIONS TOTAL PROGRAM COST	25.00* 1,743,384	25.00* 1,743,384	*	*	*	*	*	*

#### PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID: HTH141
PROGRAM STRUCTURE: 050102
PROGRAM TITLE: DENTAL DISEASES

	FY	FY	FY	FY	FY	FY	FY	FY
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. % PRE-SCH & SCH-AGE CHILDRN RECVNG ORAL HTH ED SVS	20	20	20		20	20	20	20
<ol> <li>% SCH AGE CHILDRN RECVNG TOPICAL FLUORIDE APPLICAT</li> <li>% PERSONS IN DOH INSTITUTIONS RECEIVNG DENTAL SVCS</li> <li>% PERSNS DOH DENTL CLINICS WHO COMPLT DENTAL TRTMN</li> </ol>	14 94 56	15 92 50	15 92 50	20 15 92 50	15 92 50	15 92 50	15 92 50	15 92 50
PROGRAM TARGET GROUPS  1. PRE-SCHOOL AGE CHILDREN 2. SCHOOL AGE CHILDREN 3. PERSONS WITH MENTAL, PHYSICAL &/OR DEV DISABILTIES 4. PERSONS IN EXTENDED CARE FACILITIES OR CARE HOMES 5. PERSONS IN THE DEPARTMENT OF HEALTH INSTITUTIONS	8000	8000	8000	8000	8000	8000	8000	8000
	125000	125000	125000	125000	125000	125000	125000	125000
	2400	2400	2400	2400	2400	2400	2400	2400
	800	800	800	800	800	800	800	800
	250	250	250	250	250	250	250	250
PROGRAM ACTIVITIES  1. NO. OF SCHOOL CHILDREN PROVIDED DENTAL HEALTH EDUC 2. NO. OF SCH CHILDREN PROVIDED TOPICAL FLUORIDE APPL 3. NO. PERSONS IN DOH INSTITUTIONS RECVG DENTAL TRTMT 4. NO. OF PERSONS RECVG DENTAL TRTMT AT DOH CLINICS 5. NO. OF CLIENT VISITS AT DEPT. OF HEALTH CLINICS 6. NUMBER OF PERSONS RECEIVING ORAL HEALTH EDUCATION 7. NO. OF DENTAL PROCEDURES PERFORMED AT DOH CLINICS	30000	50000	50000	50000	50000	50000	50000	50000
	4831	7000	7000	7000	7000	7000	7000	7000
	236	230	230	230	230	230	230	230
	1815	1950	1950	1950	1950	1950	1950	1950
	6919	6900	6900	6900	6900	6900	6900	6900
	42000	45000	45000	45000	45000	45000	45000	45000
	18021	18000	18000	18000	18000	18000	18000	180000

#### A. Statement of Program Objective

To promote oral health and reduce the incidence of and severity related to dental caries, oral diseases, and abnormalities through preventive dental hygiene services and other dental health programs; and by increasing public awareness and professional education.

# B. Description of Request and Compliance with Section 37-68(1)(A)(B)

A request to merge the Dental Health Division with the Community Health Division (CHD) to provide greater benefit through the use of shared and combined resources of both divisions (-25.00/-1,833,367A; -25.00/-1,823,996A).

#### C. Description of Activities Performed

- 1. New methods for the prevention and control of dental diseases are evaluated and considered for implementation as public health programming.
- 2. Dental Care services are provided to patients residing in Hawai'i State institutions like Hawaii State Hospital, Hale Mohalu, Kalaupapa Settlement, and to community-based patients at four O'ahu regional health centers. As the provider of last resort, indigent, severely developmentally disabled, severely persistent mentally ill, frail elderly, and the medically compromised such as HIV and hepatitis positive persons are provided basic dental services.
- 3. Health care workers in State institutions are provided training in oral health hygiene and maintenance for persons with disabilities.
- 4. Public school children in selected grades are given the opportunity to receive oral health screening exams. Topical fluoride applications and weekly fluoride mouth rinses are provided in order to reduce the incidence and severity of dental disease. Classroom presentations on oral health are available and assistance is provided to teachers in providing classroom training on dental health. The general public is provided with general information on dental health and preventive programs leading to improved oral hygiene and health.

5. Program staff regularly serve as dental program management and facility design consultants to non-profit community health centers.

#### D. Statement of Key Policies Pursued

- The program strives to assure access to basic dental treatment to State institution-based patients and indigent, community-based severely disabled persons.
- The program promotes and implements highly effective dental disease prevention programs. It also provides curriculum development assistance on topics related to oral health to teachers and other community agencies.
- The program conducts clinical and epidemiological investigations and demonstrations relating to the prevalence, cause, diagnosis, treatment and prevention of dental diseases.
- 4. The program provides consultation and technical assistance on oral health, clinical issues, and facility design and management to Hawai'i's primary care community health centers and Native Hawaiian Health System centers.
- 5. The program monitors and evaluates the impact of managed care and medical assistance policies on access to care and delivery of dental services.

#### E. <u>Identification of Important Program Relationships</u>

The Division serves in a consultative and technical assistance role to many agencies and organizations including Departments of Health (Hawai'i State Hospital, Women, Infant and Children Program - WIC), Education, Human Services, Public Safety, University of Hawai'i, Commerce and Consumer Affairs, The Queen's Medical Center, Hawai'i Medical Association, Hawai'i Primary Care Association, Hawai'i Dental Association, University of Hawai'i Affiliated Medical Residency Programs, Head Start Associations, Hawai'i state and regional Maternal and Child Health agencies, Special Olympics, U.S. Centers for Disease Control and Pacific Basin Health Departments. These and many other agencies that have an important affiliation with the Dental Health division programs that have not been mentioned.

- 2. Access to care is limited for persons with severe disabilities Statewide. As the provider of last resort, the Division is the only accessible provider of basic dental care to
  - the indigent severely developmentally disabled, mentally ill, medically compromised frail elderly and homeless.
- Certification of State long-term care facilities requires annual dental health evaluations and timely treatment of dental problems. The program works with public facilities to assure those service needs are met.

### F. Description of Major External Trends Affecting the Program

- 1. Hawai'i continues to exhibit an early childhood tooth decay rate which may be among the highest in the nation.
- 2. Limited access to basic dental care exists Statewide, particularly for the uninsured indigent, severely developmentally disabled, mentally ill, medically compromised, frail elderly, and homeless.
- 3. Demands for accessible basic dental services are increasing as Hawai`i's uninsured and low income populations grow as a result of changes in State and federal public assistance policies.
- 4. As the only public health dental program in Hawai'i, the Division is increasingly relied upon as dental program and design consultants and for its oversight of clinical care issues impacting the community.

#### G. Discussion of Cost, Effectiveness, and Program Size Data

The Dental Health Division provides the only dental public health program Statewide and has proven to be effective and efficient as Hawai`i's lead agency in dealing with dental health issues. The division's staff is comprised of 7 dentists, 11 dental hygienists, 6 dental assistants, and 1 secretary. The program currently annually operates out of more than 200 schools, 4 community-based and 2 institution-based dental clinics. Division programs

continually evaluate the needs of the community and make adjustments to program activities in an endeavor to meet these needs.

#### H. Discussion of Program Revenue

Program revenues include collection of fees from Medicaid, other third party payers, and nominal cash payments for dental treatment from clients.

#### I. Summary of Analysis Performed

None.

#### J. Further Considerations

None.

PROGRAM ID:

HTH730

PROGRAM STRUCTURE NO. 050103

PROGRAM TITLE:

EMERGENCY MEDICAL SVCS & INJURY PREV SYS

		IN DOLLA	RS			IN THOUS	IN THOUSANDS		
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15	
OPERATING COST	19.00*	19.00*	19.00*	19.00*	19.0*	19.0*	19.0*	19.0	
PERSONAL SERVICES	1,352,691	1,455,323	1,511,188	1,511,188	1,510	1,510	1,510	1,510	
OTHER CURRENT EXPENSES	66,472,589	75,244,407	76,205,975	77,305,905	77,306	77,306	77,306	77,306	
EQUIPMENT	217,368	217,368	217,368	217,368	217	217	217	217	
TOTAL OPERATING COST	68,042,648	76,917,098	77,934,531	79,034,461	79,033	79,033	79,033	79,033	
				i					
BY MEANS OF FINANCING				ļ					
	16.00*	16.00*	16.00*	16.00*	16.0*	16.0*	16.0*	16.0	
GENERAL FUND	60,275,468	62,365,421	62,187,129	62,187,129	62,187	62,187	62,187	62,187	
	*	*	*	*	*	*	*		
SPECIAL FUND	6,498,658	13,283,155	14,478,880	15,578,810	15,578	15,578	15,578	15,578	
	3.00*	3.00*	3.00*	3.00*	3.0*	3.0*	3.0*	3.0	
OTHER FED. FUNDS	1,268,522	1,268,522	1,268,522	1,268,522	1,268	1,268	1,268	1,268	
OTAL POSITIONS	19.00*	19.00*	19.00*	19.00*	19.00*	19.00*	19.00*	19.00	
OTAL PROGRAM COST	68,042,648	76,917,098	77,934,531	79,034,461	79,033	79,033	79,033	79,033	

# PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:
PROGR

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
MEASURES OF EFFECTIVENESS								
<ol> <li>% RESPONSES MEETING RESPONSE TIME STD - OAHU</li> <li>% RESPONSES MEETING RESPONSE TIME STD - KAUAI</li> <li>% RESPONSES MEETING RESPONSE TIME STD - HAWAII</li> <li>% RESPONSES MEETING RESPONSE TIME STD - HAWAII</li> <li>% INCR IN COMM COAL/PARTN INITIATD &amp; SPPT INJ PREV</li> <li>% INCR IN NO. OF PERSONS TRAINED IN INJ PREVENTION</li> <li>PERCENT OF AGE-APPROPRIATE SEAT USE STATEWIDE</li> </ol>	90.5 95.2 90.4 91.7 12 228 88	90 90 90 90 12 10 85						
PROGRAM TARGET GROUPS								
<ol> <li>GENERAL DE FACTO POPULATION (THOUSANDS)</li> <li>NUMBER OF HIGH RISK CARDIAC CASES</li> <li>NUMBER OF HIGH RISK TRAUMA CASES</li> <li>NUMBER OF HIGH RISK PEDIATRIC PATIENTS</li> <li>NUMBER OF CARDIOPULMONARY ARREST CASES</li> <li>NO. OF LICENSED GROUND AMBULANCE SERVICE PROVIDERS</li> <li>NO. OF LICENSED AIR AMBULANCE SERVICE PROVIDERS</li> <li>NO. OF YOUTHS UNDER 24 AND SENIORS 65 YRS &amp; OLDER</li> </ol>	1406 5173 8973 1779 1197 5 5	1406 5173 8973 1779 1197 5 5 593100	1406 5511 8973 1779 1303 5 5 593100	1406 5511 8973 1779 1303 5 5 593100	1406 5511 8973 1779 1303 5 5 593100	1406 5511 8973 1779 1303 5 5 593100	1406 5511 8973 1779 1303 5 5 593100	1406 5511 8973 1779 1303 5 5 593100
PROGRAM ACTIVITIES								
1. ADM & ENFORCNG STATE EMS RULES & REGS (STAFF-DAYS) 2. ADM/MAINT EMS COMM SYSTEM (% TIME SYSTM OPERATNL) 3. ADM/MAINT EMS/INJ PREV DATA COLL/EVAL (STAFF-DAYS) 4. NUMBER OF RESPONSES TO EMERGENCY AMBULANCE CALLS 5. NO. OF PATIENTS BILLED FOR EMERGENCY AMBULANCE SVC 6. PERCENTAGE OF AMBULANCE SERVICE REVENUES COLLECTED 7. ADM/MAINT EMS QUAL ASSUR & QUAL IMPRV PRG (ST-DYS) 8. ADM/MAINT STATE HTH EMG PREP PLAN/EXR PARTC (ST-D) 9. NO. TRAINED IN SUICIDE/FALLS/DRWNG PREV & SAFR ENV 10. # COMM COAL/TSKFRC/PRTNRSHP INIT/SUPPT IN INJ PREV	221 98 50 109596 71958 93 312 1 985	221 100 520 109596 71958 93 312 1 300	221 100 520 109596 71958 93 312 1 300	221 100 520 109596 71958 93 312 1 300	221 100 520 109596 71958 93 312 1 300	221 100 520 109596 71958 93 312 1 300	221 100 520 109596 71958 93 312 1 300	221 100 520 109596 71958 93 312 1 300
DDOODAN DEVENUES DV TVDE (IN TUSUSANDS, CDS) (ADS)								
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) TAXES REVENUES FROM THE USE OF MONEY AND PROPERTY	9,414 426	12,560	17,104	24,373	32,550	35,277	35,277	35,277
REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES NON-REVENUE RECEIPTS	597 29,880 2,877	582 29,880 672	465 29,880 672	582 29,880 672	582 29,880 672	582 29,880 672	582 29,880 672	582 29,880 672
TOTAL PROGRAM REVENUES	43,194	43,694	48,121	55,507	63,684	66,411	66,411	66,411
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS ALL OTHER FUNDS TOTAL PROGRAM REVENUES	32,085 10,437 672 43,194	29,880 13,142 672 43,694	29,880 17,569 672 48,121	29,880 24,955 672 55,507	29,880 33,132 672 63,684	29,880 35,859 672 66,411	29,880 35,859 672 66,411	29,880 35,859 672 66,411
TOTAL TROOPS WITH TEXT TO TOTAL	-10,104	10,007	70,121	00,007	00,004	.00,411	30,711	55,711

#### A. Statement of Program Objectives

To minimize death, injury, and disability due to life threatening situations by assuring the availability of high quality emergency medical care through the development of a system capable of providing coordinated emergency medical care and injury prevention services.

#### B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

A request to increase the special fund ceiling for the Emergency Medical Services (EMS) Special Funds in FY 2010 and FY 2011 to provide funding for the emergency ambulance service contracts. The ceiling is requested to accommodate the additional funding requirements for contracting agencies providing emergency ambulance service on the islands of Hawaii, Kauai, Maui, Molokai, and Lanai (0.00/1,195,725 B; 0.00/2,295,655 B).

### C. <u>Description of Activities Performed</u>

Program activities include ambulance services, establishment of pre-hospital care standards and protocols, maintenance of a medical communication system, licensure of all ambulances, quality improvement/assurance, data collection and analysis, billing and collection of fees for emergency ambulance services, assurance of an adequate number of appropriately trained emergency medical personnel, and other support services to maintain quality pre-hospital medical care throughout communities statewide. EMS also provides a comprehensive array of injury prevention and control programs that include, but are not limited to, motor vehicle safety, pedestrian safety, and suicide prevention using a spectrum of strategies working through established partnerships and coalitions in communities statewide.

#### D. Statement of Key Policies Pursued

The Emergency Medical Services and Injury Prevention System Branch (EMSIPSB) services primarily address departmental policies and program priorities to maintain and protect health and serve the emergency health needs of the people of the State.

#### E. Identification of Important Program Relationships

The EMSIPSB coordinates with and draws resources as appropriate from Federal, State, County, private and public safety agencies, health care providers, educators, businesses, and consumers.

## F. <u>Description of Major External Trends Affecting the Program</u>

The number of responses to calls for 911 EMS has grown each year. Factors such as the number of visitors to the state and an increasing proportion of the older population will affect requests for ambulance services in the future. New developments in pre-hospital care are constantly being introduced and must be evaluated for implementation. The need to maintain the standard of care with new technology and medications can lead to increased cost of operations while continuous increases in the cost of personnel must also be met.

EMSIPSB is responsible for billing and collection of ambulance service fees. Adjustments in charges and modifications to agreements for payment from insurance companies were made in the past two years and should provide for improved revenue from ambulance services.

The statewide EMS communication system (MEDICOM) is a UHF/VHF microwave system that will be obsolete in the near future. The reliability of this system, needed to provide dispatch services and radio communication with physicians at hospital emergency departments for assistance in medical care at the scene and in transport to the hospital, is of concern. The existing County police 800 MHz trunk systems do not currently meet EMS operational needs. EMSIPSB participates with other state agencies led by the Department of Accounting and General Services in developing plans for a new inter-operable communications system for the State.

Helicopter aeromedical services that can take patients from the scene of an injury or medical emergency are currently available in the counties of Hawaii and Maui; with services on Oahu to follow shortly. Maui's helicopter is capable of flying over water transporting patients from Maui to Honolulu and from Molokai and Lanai to either Maui or Honolulu.

Injury (trauma) is the leading cause of early disability and productive years of life lost costing Hawaii many lives and millions of dollars each year. A trauma system built on a public health approach can mitigate the toll that injuries take on society every day. The public health approach incorporates a comprehensive, coordinated array of services from injury prevention to pre-hospital, hospital and rehabilitative care delivery for injured persons. EMSIPSB is planning and implementing a comprehensive statewide trauma system for Hawaii assisted by funding from the Trauma Special Fund created in ACT 305, SLH 2006. The development of a comprehensive trauma system is anticipated to result in improved outcomes and fewer complications for trauma victims. There are considerable challenges to delivering high quality trauma care in many parts of the state as hospitals have financial difficulties and many communities have shortages of physicians and other personnel to provide needed trauma services.

During the past decade, the state's population of people 65 or older increased by almost 20%, and greater increases are expected during the next 20 years making this group an important one for targeted injury prevention programs. Injuries due to falls are a major public health problem. Among Hawaii seniors, age 65 or older, falls are the leading cause of fatal injuries (39%) and injury-related hospitalizations (81%). Each year, falls result in 70 deaths and nearly 1,615 hospitalizations among Hawaii seniors (average for the five-year period, 2003-2007). Falls are costly. For the same five-year period, hospital charges averaged \$43.1 million a year, with about half (54%) being paid by Medicare/Medicaid. Falls are also a significant threat to the independence and quality of life of older adults. Among Hawaii seniors who were hospitalized due to a fall in the five-year period, 2003-2007; 37% were discharged to skilled nursing facilities for additional care, and another 11% were moved to a rehabilitation facility.

# G. Discussion of Cost, Effectiveness, and Program Size Data

Ambulance response time measures are always variable due to the number of responses within each geographic area, especially rural areas. The volume of calls experienced affects response times. Units with low utilization have more consistent response times while units that are heavily utilized may not meet target response times when calls come in close together. The response times are in line with program targets with the exception of some due to increased call volume on the island of Oahu. This has been addressed in part with the addition of a new ambulance for Central Oahu; however, hours of operation have been limited due to personnel shortages. EMSIPSB is actively involved in strategies to improve recruitment and retention of pre-hospital workers to maintain an adequate workforce.

#### H. <u>Discussion of Program Revenue</u>

§321-232, HRS, authorizes the department of health to establish reasonable fees for services rendered to the public; provided that such revenues collected are deposited into the state general fund. In FY 2008, the department deposited \$28,948,208.28 into the state general fund.

§321-234, HRS, authorizes the emergency medical services special fund to be used by the department for operating a state comprehensive emergency medical services system. The revenue is generated from a \$5 user fee from motor vehicle registration (§249-31). In FY 2008, the department deposited \$5,289,575 into the ems special fund. In addition, ACT 316, SLH 2006 provides that moneys collected under the tax imposed pursuant to Section 245-3 (a), Hawaii Revised Statues shall be deposited to the credit of the emergency medical services special fund. From September 30, 2007 through September 29, 2009, \$.0025 will be deposited for each cigarette sold; From September 30, 2010, \$.01 will be deposited for each cigarette sold; From September 30, 2011 and thereafter \$.0125 will be deposited for each cigarette sold. In FY 2008, the department deposited \$2,078,771 into the ems special fund.

ACT 305, SLH 2006 establishes the trauma system special fund to be administered by the Department of Health. ACT 316, SLH 2006 provides that moneys collected under the tax imposed pursuant to Section 245-3 (a), Hawaii Revised Statutes shall be deposited to the credit of the trauma system special fund. From September 30, 2007 \$.0025 will be deposited for each cigarette sold; From September 30, 2008 \$.005 will be deposited for each cigarette sold; From September 30, 2009 \$.00750 will be deposited for each cigarette sold; From September 30, 2010 \$.01 will be deposited for each cigarette sold; From September 30, 2011 and thereafter \$.015 will be deposited for each cigarette sold. In FY 2008, the department deposited \$2,078,771 into the trauma system special fund. In addition, ACT 231, SLH 2008 provides that moneys collected under surcharges (range between \$10 and \$500) for traffic violations imposed pursuant to Section 291-, Hawaii Revised Statues be deposited to the trauma system special fund. As of November 14, 2008 there was \$2,649 deposited into the trauma system special fund.

- I. Summary of Analysis Performed -- None.
- J. Further Considerations -- None.

# OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH501

PROGRAM STRUCTURE NO. 050104

PROGRAM TITLE:

DEVELOPMENTAL DISABILITIES

PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES EQUIPMENT		239.75* 11,250,967 125,643,139 21,300	239.75* 12,177,196 124,179,157	239.75* 12,177,196 124,179,157	239.8* 12,177 124,179	239.8* 12,177 124,179		239.8* 12,177 124,179
TOTAL OPERATING COST	127,719,989		,	136,356,353	136,356	136,356	136,356	136,356
BY MEANS OF FINANCING	236.75*	236.75*	236.75*	236.75*	236.8*	236.8*	236.8*	236.8*
GENERAL FUND	3.00*	71,625,299 3.00*	3.00*	71,044,760 3.00*	71,045 3.0*	71,045 3.0*	71,045 3.0*	71,045 3.0*
SPECIAL FUND INTERDEPT. TRANSFER	1,025,331 60,118,132		1,046,817 64,264,776	1,046,817 64,264,776	1,047 64,264	1,047 64,264	1,047 64,264	1,047 64,264
CAPITAL IMPROVEMENT COSTS CONSTRUCTION	688,000			i ! !				
TOTAL CAPITAL EXPENDITURES	688,000				=======			
BY MEANS OF FINANCING G.O. BONDS	688,000							
TOTAL POSITIONS TOTAL PROGRAM COST		239.75* 136,915,406		239.75* 136,356,353	239.80* 136,356	239.80* 136,356	239.80* 136,356	239.80* 136,356

#### PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID: HTH501
PROGRAM STRUCTURE: D50104
PROGRAM TITLE: DEVELOPMENTAL DISABILITIES

	FY	FY	FY	FY	FY	FY	FY	FY
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. % OF PERSONS RECEIVING DEVLPMNTL DISABILITIES SVCS 2. NO. PERSONS W/DD REMAING IN INSTIT (SMALL ICF/MR) 3. NO. ADULTS CHOOSING THEIR OWN LIVING ARRANGEMENTS 4. NO. OF PERSONS WITH DEV DISAB IN PAID EMPLOYMENT	33	33	33	33	33	33	33	33
	79	82	82	82	82	82	82	82
	122	125	125	125	125	125	125	125
	194	200	200	200	200	200	200	200
PROGRAM TARGET GROUPS  1. NUMBER OF PERSONS IN NEED OF DD SERVICES 2. NUMBER OF PEOPLE IN NEED OF NEUROTRAUMA SERVICES	11181	11181	11181	11181	11181	11181	11181	11181
	4000	4000	4000	4000	4000	4000	4000	4000
PROGRAM ACTIVITIES  1. NO. OF UNDUPLICATED INDIV RECVG COMMUNITY SUPPORTS 2. NUMBER OF PERSONS APPLYING FOR MR/DD ELIGIBILITY 3. NO. OF PERSONS RECEIVING HOBS-DD/MR WAIVER 4. NO. RESIDENTIAL CAREGIVERS CERTIFIED/RECERTIFIED 5. #FAMILY MEMBRS/CAREGIVRS/PROVDRS/INDV/STAFF TRND 6. NUMBER OF ADULTS LIVING IN THEIR OWN HOME 7. NO. OF PERSONS W/DEV DISABILITIES EARNING INCOME 8. #ADVRS EVNT REPTS RECVD RE AB/NEGL,INJUR,HTH CONC 9. NO. OF PERSONS RECEIVING CASE MANAGEMENT SERVICES	3319	3500	3500	3500	3500	3500	3500	3500
	302	312	312	312	312	312	312	312
	2531	2681	2681	2681	2681	2681	2681	22681
	655	656	743	743	743	743	743	743
	1173	1173	2149	2149	2149	2149	2149	2149
	119	122	124	124	124	124	124	124
	194	200	200	200	200	200	200	200
	749	725	725	725	725	725	725	725
	3319	3500	3500	3500	3500	3500	3500	3500
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	100 1,434 1,534	100 1,425 1,525	1,425 1,425	1,425 1,425	1,425 1,425	1,425 1,425	1,425 1,425	1,425 1,425
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS TOTAL PROGRAM REVENUES	425	425	425	425	425	425	425	425
	1,109	1,100	1,000	1,000	1,000	1,000	1,000	1,000
	1,534	1,525	1,425	1,425	1,425	1,425	1,425	1,425

#### A. Statement of Program Objectives

To support individuals with developmental disabilities, mental retardation, and/or neurotrauma to live a healthy, meaningful, productive and safe life in the community through the development, administration, provision, and monitoring of a comprehensive system of appropriate support services.

#### B. <u>Description of Request and Compliance with Section 37-68 (1)(A)(B)</u>

- A request to reduce funds to address the Department's "Executive Restriction" of funds assessed to purchase of services funds under the Partnership in Community Living (PICL) program (0.00/-1,211,153A; 0.00/-1,211,153A).
- A request to reduce the remaining balance of funds identified for PICL (0.00/-252,829A; 0.00/-252,829A).

#### C. <u>Description of Activities Performed</u>

Planning and Acquisition of Community Support Services to Individuals with DD/MR
 The program plans, develops, and implements community support services for the developmentally and intellectually disabled population (DD/ID) utilizing the State's Medicaid Agency for DD/MR Home & Community-Based Services. The program provides supports that reflect the concept of self-determination and allows the DD population to live in the community of their choice.

Planning activities include researching national trends on the delivery of supports for the target population and reviewing current program operations and resources to determine critical areas for reassessment and restructuring in order to provide an effective and efficient support system.

# 2. <u>Monitoring and Quality Assurance of Community Support Services to Individuals with DD/MR</u>

- The Case Management Section monitors physical conditions, social and direct care activities periodically to assure satisfaction with place of residence and work.
- The Contracts & Resource Development Section monitors agencies that provide support services to DD/MR individuals living within the community.
- One of the Disability Support Branch's primary activities is Quality Assurance.

#### 3. Administrative Supports:

The program works with the Department of Human Services (DHS) and Department of Accounting & General Services (DAGS) to maintain timely payments to agency providers.

#### D. Statement of Key Policies Pursued

The program strives to provide fair, objective, and cost effective community supports to the developmentally and intellectually disabled population (DD/ID) based on Chapter 333F, HRS. The program collaborates with the Developmental Disabilities Council, the Center for Disability Studies through the University of Hawaii, and other key stakeholders on critical issues affecting services to the developmentally and intellectually disabled population in an effort to remain sensitive to the ideals of self-determination while mindful of federal and state government policies and available resources. The program continues to explore maximization of state dollars by monitoring National trends and initiatives from the Center for Medicaid/Medicare Services (CMS).

#### E. Identification of Important Program Relationships

The program works with both the Adult Mental Health and the Child & Adolescent Mental Health Divisions within the Department of Health to meet the needs of individuals with coexisting diagnoses in an effort to allow individuals to live in the least restrictive setting without injury to self and others.

The program works closely with the Department of Human Services to implement services to provide Medicaid support under the DD/MR Home & Community-based Waiver program.

### F. Description of Major External Trends Affecting the Program

The program is affected by Federal trends that are impacting Medicaid on the national level. As Medicaid policies emphasize quality assurance (QA) that tests the quality of care as well as the effectiveness of services, the DD Division will need to emphasize quality and effectiveness in its QA program and has proposed shifting resources to meet quality assurance needs through a pending reorganization of the division.

Reductions in both Federal and State funding is anticipated in the biennium and the program has begun to reassess services in an effort to make the most effective use of available resources while maintaining quality of services.

#### G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

The program's budget had increased significantly in recent years in order to assure timely admission of eligible DD/MR individuals to meet legal requirements of the Makin settlement agreement. The management of this growth and the evaluation of existing services has placed growing demand on the program's operational budget.

The federal Center for Medicare/Medicaid Services (CMS) now requires Medicaid funded programs to implement quality assurance programs. A pending division reorganization will address cost effectiveness and quality assurance issues.

#### H. <u>Discussion of Program Revenue</u>

The program receives Medicaid reimbursements for targeted case management services.

The neurotrauma special fund is supported by traffic violation fines and is used to support educational and informational activities.

#### I. Summary of Analysis Performed

Not Applicable.

#### J. Further Considerations

None.

PROGRAM ID:

**HTH560** 

PROGRAM STRUCTURE NO. 050105

PROGRAM TITLE:

FAMILY HEALTH

		IN DOLLA	RS			IN THOUS	ANDS	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	363.25*	371.25*	369.25*	369.25*	369.3*	369.3*	369.3*	369.3*
PERSONAL SERVICES	18,576,660	18,816,983	19,810,941	19,810,941	19,810	19,810	19,810	19,810
OTHER CURRENT EXPENSES	77,237,231	78,902,736	70,539,357	70,539,357	70,539	70,539	70,539	70,539
EQUIPMENT	50,500	9,500	9,500	9,500	10	10	10	10
TOTAL OPERATING COST	95,864,391	97,729,219	90,359,798	90,359,798	90,359	90,359	90,359	90,359
BY MEANS OF FINANCING				1				
	171.75*	178.75*	176.75*	176.75*	176.8*	176.8*	176.8*	176.8*
GENERAL FUND	45,263,183	45,109,259	28,013,328	28,013,328	28,013	28,013	28,013	28,013
	7.00*	9.00*	9.50*	9.50*	9.5*	9.5*	9.5*	9.5*
SPECIAL FUND	7,110,659	7,376,539	13,187,978	13,187,978	13,188	13,188	13,188	13,188
	183.50*	182.50*	182.50*	182.50*	182.5*	182.5*	182.5*	182.5*
OTHER FED. FUNDS	41,946,810	42,099,682	46,018,585	46,018,585	46,018	46,018	46,018	46,018
	1.00*	1.00*	.50*	.50*	.5*	.5*	.5*	.5*
INTERDEPT. TRANSFER	1,543,739	3,143,739	3,139,907	3,139,907	3,140	3,140	3,140	3,140
TOTAL POSITIONS	363.25*	371.25*	369.25*	369.25*	369.30*	369.30*	369.30*	369.30*
TOTAL PROGRAM COST	95,864,391	97,729,219	90,359,798	90,359,798	90.359	90,359	90,359	90,359

#### PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:

HTH560

PROGRAM STRUCTURE: 050105
PROGRAM TITLE: FAMILY

TOTAL PROGRAM REVENUES

FAMILY HEALTH

FY FY FY 2007-08 2008-09 2009-10 2010-11 2011-12 2012-13 2013-14 2014-15 MEASURES OF EFFECTIVENESS DEGREE DIV PERFORMS 10 ESSENT PUB HTH FUNCT (0-30) 25 25 25 48 % UNINSURED IND REC SUBSIDIZED PRIMARY CARE - POS % CHILDREN (0-21) W/SP HTH CARE NEEDS W/MEDICAL HM RATE OF BIRTH DÉFECTS (PER 10,000 LIVE BIRTHS) % ID OVRWGT WIC WMN & CHILD >2 YRS REC COUNSELING % OF WIC WOMEN WHO INITIATE BREASTFEEDING % VERY LOW BIRTHWGT INF BORN IN SUB MCHB POS PROG .89 .895 .90 .90 .90 .90 .90 .90 % IND REC FAM PL VIOLENCE SEX ASSAULT PRE ED - POS % CHILD 0-3 DEV DELAY BIO/ENV RISK EI SERV @ IFSP % POS AT-RISK FAMILIES SERV NO REP CHILD ABUSE/NEG PROGRAM TARGET GROUPS FHSD STAFF, WMN, CHILDRN, ADOLES & FAMILIES IN HI # OF UNINSURED INDIVIDUALS # CSHN 0-21 CHRONIC COND REQ HTH SVCS BYND MOST # OF LIVE BIRTHS # WIC ELIGIBLE CHILDREN UP TO 5 YEARS OF AGE # WIC ELIGIBLE PREGNANT AND POST-PARTUM WOMEN # PREG WMN SUBSIDIZED MCHB POS CONTRACT LIVE BIRTH # OF REPRODUCTIVE WOMEN # CHILDREN AGE 0-3 DEV DELAYS, BIO/ENV AT RISK # CHILDREN 0-4 YEARS OF AGE IDENTIFIED AS AT RISK **PROGRAM ACTIVITIES** # ASSESS, ASSUR, POL DEV & EVAL PERF IND W/O HC # IND REC DOH SUB FAM PLAN, PERINATAL SERV - POS # CSHN 0-21 PROV INACCESSIBLE SERV (SAFETY NET) # INFANTS WIMETABOLIC DISORDERS NEWBORN SCREENING # NUTRIT ED CONTACTS/COUNSEL SESS WIC OVERWEIGHT # PRENATAL/POSTPARTUM BRSTFDING INFO TO WIC WOMEN # PREG WMN REC PERINATAL SUPPORT THRU MCHB POS # IND REC FAM PL VIOLENCE SEX ASSULT PREV ED - PO # CHILDREN AGE 0-3 DEV DELAYS PROV EARLY INTERVENT # IND REC ERLY CHLDHD PARENT ED/FAM SS POS CONTRAC PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) LICENSES, PERMITS, AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL 43,540 42.044 42,231 41,833 41.508 40,862 40,862 40.862 4,074 CHARGES FOR CURRENT SERVICES 4,010 4,142 4.160 4.155 4,145 4,171 4,171 **TOTAL PROGRAM REVENUES** 46,566 47.989 46,748 46,368 46.038 45,382 45,408 45,408 PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) SPECIAL FUNDS 46,566 47.989 46,748 46.368 46.038 45,382 45,408 45,408

46,566

47.989

46.748

46.368

46.038

45.382

45,408

45.408

#### A. STATEMENT OF PROGRAM OBJECTIVES

To improve the well-being of families with a focus on infants, children, and women of child-bearing age by increasing public awareness and professional education, and assuring access to a system of family-centered, community-based preventive, early detection, treatment, habilitative and rehabilitative services.

#### B. DESCRIPTION OF REQUEST AND COMPLIANCE WITH SECTION 37-68 (1)(A)(B)

Reduce purchase of service funds for emergent and primary care services to address the Department of Health's "Executive Restriction" (0.00/-130,000A;0.00/-130,000A).

Reduce purchase of service funds for Healthy Start to address the Department of Health's "Executive Restriction" (0.00/-1,942,943A; 0.00/-1,942,943A).

Increase the Federal fund ceiling for the Women Infants and Children (WIC) program to match the current Federal grant award (0.00/3,710,395N; 0.00/3,710,395N).

Increase the federal fund ceiling for the Breastfeeding Peer Counseling Program (0.00/96,073N; 0.00/96,073N).

Increase the federal fund ceiling for the Disparities in Perinatal Health Grant (0.00/112,435N; 0.00/112,435N).

Reduce Healthy Start's purchase of service (POS) funds to address the reduction in funding for DOH (0.00/-4,592,206A; 0.00/-4,592,206A).

Abolish two (2) positions (Clerk Steno II #14883, Human Svcs. Professional IV #117844) and reduce Healthy Start's POS funds to address the reduction in funding for DOH (-2.00/-5,086,009A; -2.00/-5,086,009A).

Establish a special fund ceiling pursuant to Act 316/SLH 2006 for Federally Qualified Health Centers (FQHC) to deposit revenues collected from the cigarette tax pursuant to Section 245-3(a)(7) (5,691,526B; 5,691,526B) and a corresponding request to reduce the general fund base for FQHCs based on a corresponding increase in the special fund expenditure ceiling (-0.00/5,691,526A; -0.00/-5,691,526A).

#### C. DESCRIPTION OF ACTIVITIES PERFORMED

The mission of Family Health Services Division (FHSD) is to assure the availability of and access to preventive and protective health services for individuals and families by providing leadership in collaboration with communities and public-private partners. FHSD focuses on the health of women, infants, children, adolescents and their families, including fathers and children with special health needs.

The Maternal and Child Health Branch (MCHB) administers the maternal and child health programs for the provision of primary health care, statewide disease prevention and health promotion, promulgating policy, developing standards and providing guidance to assure availability, adequacy, and quality of services, planning, promoting, developing, coordinating, and evaluating appropriate maternal and child health services and explains program findings and evaluation procedures to program administrators, community advisory boards, State Health Planning and Development Agency and the general public.

The Children with Special Health Needs Branch's (CSHNB) activities include:

- Services to children with special health needs age 0-21 for the development of a family-centered community-based system of comprehensive health services.
- Newborn screening: a) newborn hearing screening assurance of a statewide system of
  hearing screening, diagnostic audiological services, and appropriate early intervention
  services for infants with hearing loss; b) newborn metabolic screening assurance of a
  system of statewide newborn screening for 31 metabolic disorders with serious
  consequences such as mental retardation if not identified and treated early, and provision
  of appropriate diagnostic and treatment services.
- For children age 0-3 years who are developmentally delayed, biologically at risk, or environmentally at risk, and their families assurance of a statewide system of early intervention services including care coordination, family counseling, social work, special instruction, psychology, audiology, physical and occupational therapy, speech pathology, nutrition, vision services, assistive technology, and transportation.
- For preschool children provision of training to preschool staff in developmental/ behavioral screening, and provision of consultation, interpretation, and follow-up for screened children with developmental/behavioral concerns.
- Birth defects surveillance collection and dissemination of birth defects data to help promote and protect the health of children by contributing to the identification of genetic, environmental hazards, and other causes or risk factors.

The WIC program provides a combination of direct nutritional supplementation, nutrition education and counseling, and increased access to health care and social services providers

for low-income pregnant, breastfeeding and postpartum women, infants and children up to the age of five years.

#### D. STATEMENT OF KEY POLICIES PURSUED

Significant focus continues on health education, forging new partnerships with public and private sectors, and increasing programs' capacity to meet the public health functions of needs assessment, program planning, evaluation and policy development. Promote private/public and family partnerships to assure the availability, accessibility, and affordability of health care services for children with special health needs.

The improvement of the quality of life and the promotion of health through good nutrition for the people of Hawai'i is one of the key public health strategies.

#### E. IDENTIFICATION OF IMPORTANT PROGRAM RELATIONSHIPS

FHSD collaborates on an ongoing basis to maximize resources and eliminate duplication. FHSD programs are also in communication with other state, county and federal agencies. Public-private partnerships continue to increase with community agencies and interest groups.

Federal Initiatives which assist in the implementation of program activities include the Title V Block Grant, the Preventive Health and Health Services Block Grant (PHHSBG), Centers for Disease Control and Prevention (CDC), the Administration for Children and Families, the federal Maternal and Child Health Bureau, and the US Department of Agriculture. Programs within the FHSD are implemented primarily through purchase of service (POS) contracts.

The three Branches in the FHSD work collaboratively and through linkages within the Department's various programs primarily in the divisions of: Community Health, Developmental Disabilities, and Dental Health. Other collaborations include other State agencies and private organizations such as the Department of Human Services, Department of Education, University of Hawaii Center on Disabilities Studies, Shriners' Hospital for Children, Kapiolani Medical Center for Women and Children, University of Hawaii/School of Medicine/Department of Pediatrics, American Academy of Pediatrics Hawaii Chapter, and Family Voices of Hawaii. Key relationships are with the U.S. Departments of Health and Human Services as well as the Department of Education. Contractual agreements are in place with private providers throughout the state.

The MCHB collaborates closely with organizations such as the Primary Care Association, Healthy Mothers-Healthy Babies, Hawaii Community Foundation, and the March of Dimes. The MCHB has initiated the establishment of a Statewide Perinatal Consortium as well as a Big Island Perinatal Consortium. Further, the MCHB is an active participant in the Child Protection Services Reform, Good Beginnings Alliance, Healthy Start Network, the National Healthy Start Coalition, Healthy Families America, the Substance Abuse Free Environment (SAFE) Council, Keiki Injury Prevention Coalition, Hawaii Immunization Coalition, Awareness Foundation (Prevent Violence Hawaii), the State Child Health Insurance Plan (SCHIP) and the statewide Child Death Review Council. The MCHB is also a collaborator with the University of Hawaii, Department of Public Health Sciences and Epidemiology, in training and the provision of core public health functions.

WIC also coordinates services with numerous community agencies serving the WIC eligible population. Among these are the Hawai'i Immunization Coalition, Healthy Mothers Healthy Babies, Parents and Children Together, Good Beginnings Alliance, and many others.

### F. DESCRIPTION OF MAJOR EXTERNAL TRENDS AFFECTING THE PROGRAM

The MCHB responds to national and local priorities as defined by data and national mandates. An overarching concern is the racial and ethnic disparities faced by Native Hawaiians, Pacific Islanders, and the Filipinos as well as newer immigrant groups such as the Hispanic population.

The implementation of primary care which includes, family planning, perinatal and pediatric health, family/community support services and consistent surveillance oversight through the MCHB continues to be affected by the ongoing economic issues and limited federal and state revenues directed toward health care funding.

Efforts by the Department to address newly emergent priorities (such as homeland security) continue to limit funds designated for prevention activities. However, Federal programs continue to require MCHB to increase and maintain efforts for a range of childhood concerns such as injury prevention, asthma control, child abuse prevention, dental health, and adolescent health areas of teen pregnancy, substance use and suicide.

Since programs receive both federal and state funds, national legislation and requirements have a direct effect upon local programs. The Title V Maternal and Child Health Block Grant and Part C of IDEA, for example, specify responsibilities regarding the development of a comprehensive community-based, family-centered system of services for all children with special health needs.

The WIC program continues to explore methods of serving the increasing number of working parents and homeless families.

#### G. DISCUSSION OF COST, EFFECTIVENESS AND PROGRAM SIZE DATA

The MCHB tracks 55 process and outcome measures annually. MCH data sources include: data systems specific to program areas, i.e. the Pregnancy Risk Assessment and Monitoring System (PRAMS). Partnerships in conjunction with the Behavioral Risk Factor Surveillance System (BRFSS), Middle and High School Youth Risk Behavior Survey, Vital Statistics and Kids Count Data; contracts with private agencies to conduct program evaluation; technical assistance and monitoring by MCH staff during program site visits. Another surveillance data sources is the Child Death Review (CDR) system with the Department of Health (DOH) Office of Health Status Monitoring (OHSM).

The cost-effectiveness of the program results from the provision of prevention and early intervention services which prevent or decrease the need for later long-term high-cost intervention services. The program continues to utilize purchase of service contracts to maximize community partnerships and limit administrative costs.

#### H. DISCUSSION OF PROGRAM REVENUES

Program funds are from: (1) the Federal government through the Title V block grant, IDEA Part C, other discretionary grants and cooperative agreements; and (2) revenues generated from third party payers, such as medical insurance and/or Medicaid, whenever available. In addition, some private foundations also provide funds.

The Early Intervention Special Fund relies on timely and accurate client data to process billing to DHS for Medicaid reimbursement for eligible children. Delays in implementing a more efficient billing system have created delays in processing reimbursements.

The FHSD funds many of its key infrastructure positions with the federal Maternal and Child Health (Title V) block grant funds. Collaboration with the Department of Human Services is on-going for Temporary Assistance for Needy Families (TANF), the continued implementation of the early intervention carve-out, and the Child Abuse and Prevention and Treatment Act (CAPTA) funds, as available, for the Child Death Review system. The Domestic Violence and Sexual Assault Special Funds are generated from fees collected on marriage and birth certificates as well as designations on individual income tax return forms.

- SUMMARY OF ANALYSIS PERFORMED -- N/A
- J. FURTHER CONSIDERATIONS -- N/A

# OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

**HTH580** 

PROGRAM STRUCTURE NO. 05010601

PROGRAM TITLE:

COMMUNITY HEALTH SERVICES

	IN DOLLA	RS	!		IN THOUS	SANDS	
FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
232.00*	232.00*	231.00*	231.00*	231.0*	231.0*	231.0*	231.0*
15,319,295	15,324,295	16,455,470	16,455,470	16,455	16,455	16,455	16,455
3,670,843 9,750	3,695,843 4,750	1,410,876	1,410,876	1,411	1,411	1,411	1,411
18,999,888	19,024,888	17,866,346	17,866,346	17,866	17,866	17,866	17,866
	<b>v</b> - 11 - 1					<	
221.00*	221.00*	231.00*					231.0*
13,672,308	13,547,308	16,167,287	16,167,287	16,167	16,167	16,167	16,167
110,720	110,720	110,720	110,720	111	111	111	111
11.00*	11.00*	*	*	*	*	*	*
3,821,823	3,821,823	330,113	330,113	330	330	330	330
*	*	*	*	*	*	*	*
1,395,037	1,545,037	1,258,226	1,258,226	1,258	1,258	1,258	1,258
232.00*	232.00*	231.00*	231.00*	231.00*	231.00*	231.00*	231.00*
18,999,888	19,024,888	17,866,346	17.866.346	17,866	17,866	17.866	17,866
	221.00* 13,672,308 110,720 11.00* 3,821,823 * 1,395,037	FY2007-08 FY2008-09  232.00* 232.00* 15,319,295 15,324,295 3,670,843 3,695,843 9,750 4,750  18,999,888 19,024,888	FY2007-08 FY2008-09 FY2009-10  232.00* 232.00* 231.00* 15,319,295 15,324,295 16,455,470 3,670,843 3,695,843 1,410,876 9,750 4,750  18,999,888 19,024,888 17,866,346  221.00* 221.00* 231.00* 13,672,308 13,547,308 16,167,287 110,720 110,720 110,720 11.00* 11.00* * 3,821,823 3,821,823 330,113 * * * * 1,395,037 1,545,037 1,258,226	232.00* 232.00* 231.00* 231.00* 231.00* 15,319,295 15,324,295 16,455,470 16,455,470 3,670,843 3,695,843 1,410,876 1,410,876 9,750 4,750	FY2007-08         FY2008-09         FY2009-10         FY2010-11         FY2011-12           232.00*         232.00*         231.00*         231.00*         231.00*           15,319,295         15,324,295         16,455,470         16,455,470         16,455           3,670,843         3,695,843         1,410,876         1,410,876         1,411           9,750         4,750         18,999,888         19,024,888         17,866,346         17,866,346         17,866           13,672,308         13,547,308         16,167,287         16,167,287         16,167         110,720         110,720         110,720         110,720         111         11.00*         11.00*         110,720         111         *	FY2007-08         FY2008-09         FY2009-10         FY2010-11         FY2011-12         FY2012-13           232.00*         232.00*         231.00*         231.00*         231.0*         231.0*           15,319,295         15,324,295         16,455,470         16,455         16,455         16,455           3,670,843         3,695,843         1,410,876         1,410,876         1,411         1,411           9,750         4,750         4,750         18,999,888         19,024,888         17,866,346         17,866,346         17,866         17,866           13,672,308         13,547,308         16,167,287         16,167,287         16,167         16,167         16,167           110,720         110,720         110,720         111	FY2007-08         FY2008-09         FY2009-10         FY2010-11         FY2011-12         FY2012-13         FY2013-14           232.00*         232.00*         231.00*         231.00*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         231.0*         16,455

REPORT P62

STATE OF HAWAII

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:
HTH580
5010601
COMMUNITY HEALTH SERVICES

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
MEASURES OF EFFECTIVENESS								
<ol> <li>% CHILDREN 0-18 W/HTH INSURANCE MONITORED BY PHNS</li> <li>% SP NDS CHDN 0-3 MONIT BY PHN W/IFSP W/IN 45 DAYS</li> <li>% CHLDREN BY AGE 2 MONITRD BY PHN COMPLTE IMMUNZ</li> <li>% FRAIL ELDERLY MONTRD BY PHNS &amp; MAINTND IN COMMTY</li> <li>% CLIENTS MEDICLLY FRAGILE W/EMERGNCY PREPARDN PLN</li> <li>% PERSONS W/DIABETES WHO HAD 2 A1C TESTS PAST YEAR</li> <li>% OF ADULTS &amp; CHILDREN HOSPITALIZED WITH ASTHMA</li> <li>PERCENT OF ADULT (AGE 18+) WHO SMOKE</li> <li>PERCENT OF YOUTHS (AGES 12-17) WHO SMOKE</li> <li>% LIMITD/NON-ENGLSH SPKNG CLIENTS REF/RECV HTH SVS</li> </ol>	85 75 75 70 90 66 12.1 16.5 14.5	85 75 75 70 90 66 12.0 16.5 14.5	85 75 75 70 90 67 11.9 16 14 85	85 75 75 70 90 67 11.8 16 14 85	85 75 75 70 90 67 11.8 16 14	85 75 75 70 90 67 11.8 16 14	85 75 75 70 90 67 11.8 16 14	85 75 75 70 90 67 11.8 16 14
PROGRAM TARGET GROUPS  1. CHLDRN/ELDRS MEDICLLY FRGILE W/EMRG PRPRDNSS PLNS 2. SPECIAL NEEDS INFANTS/CHLDRN 0-3 NEEDING PHN SVCS 3. SPECIAL NEEDS/DD CHILDREN 4-20 NEEDING PHN SVCS 4. CHILD & ELDERLY ABUSE & NEGLECT CASES REFERRED PHN 5. DIAGN/SUSPECTED TB/HD/OTH COMM DIS NEEDING PHN SVC 6. ADULTS WITH DIABETES 7. ADULTS AND CHILDREN WITH ASTHMA 8. SMOKERS IN GRADES 9-12 9. ADULT SMOKERS 10. LIMITED AND/OR NON-ENGLISH SPEAKING CLIENTS	200 1500 2200 500 100 88000 109500 8100 156000 6500	200 1500 2200 500 100 92000 111500 8000 155900 6500	200 1500 2200 500 100 96000 113500 7700 155850 6500	200 1500 2200 500 100 100000 115500 7700 155800 6500	200 1500 2200 500 100 104000 117500 7700 155750 6500	200 1500 2200 500 100 108000 119500 7700 155700 6500	200 1500 2200 500 100 112000 121500 7700 155650 6500	200 1500 2200 500 100 116000 123500 7700 155600 6500
PROGRAM ACTIVITIES  1. CHILD/ELDER ASSESSMNT, MGT FOR EMRG PREPRDNSS PLN 2. CARE COORD/SUPV/MGT/IMMZ VISTS FOR SPCL NEED/DD CH 3. ADULT/ELDERLY ASSESSMNT/MGT/REFRL/FOLLOW-UP VISITS 4. CHILD/ELDER ABUSE/NEGLCT ID/CASE SUPV/PREVNT VISIT 5. TB/HD/OTH COMM DIS SCRNG/INV/TRTMT/FOLLOW-UP VSITS 6. NO. PROF TRNGS IN USE OF ESTB STDS/GUIDLNS/CRRCLA 7. NO. HIGH RISK, LIMITED/NON-ENGL-SPKNG INDIV SERVED 8. NUMBER OF REQUESTS FOR DATA 9. NUMBER OF REQUESTS FOR TECHNICAL ASSISTANCE 10. NO. TRAINGS/PRESENTATNS TO BUILD COMMUNITY CAPACTY	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100	800 20000 9000 4700 50000 61 3625 67 86 100
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	9,718 9,718 18 9,737	3,919 20 3,939	3,800 21 3,821	3,800 22 3,822	3,800 23 3,823	3,470 24 3,494	3,485 25 3,510	3,485 25 3,510
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) SPECIAL FUNDS	9,737	3.939	3.821	3.822	3.823	3.494	3.510	3,510
TOTAL PROGRAM REVENUES	9,737	3,939	3,821	3,822	3,823	3,494	3,510	3,510

#### A. Statement of Program Objectives

To improve and maintain the health of individuals and communities by promoting healthy lifestyle choices, advocating for systemic, environmental policy changes, emergency preparedness for disasters and assuring access to health care services through the provision of health promotion and education, public health nursing, school health, bilingual health services. To provide and use data to identify areas of need and promote the use of best and promising practices to reduce the incidence and burden of chronic disease and to reduce health disparities among populations.

#### B. Description of Request and Compliance with Section 37-68(1)(A)(B)

- 1. A request to merge the Dental Health Division with the Community Health Division (CHD) to provide greater benefit through the use of shared and combined resources of both divisions (25.00/1,833,367A; 25.00/1,823,996A).
- 2. Delete four permanent general fund position counts only since the funding for these positions were reduced in the legislative discretionary reductions per Act 213/SLH 2008 (-4.00/0A, -4.00/0A).
- 3. Increase the federal fund ceiling for the State Heart Disease and Stroke Prevention Grant which includes 3.00 temporary FTE positions (0.00/330,113N, 0.00/330,113N).
- 4. Transfer-out the positions and funds in the Community Resources & Development Section (excluding bilingual health aides program) (HTH 580/GJ) in the Chronic Disease & Management Control Branch (CDMCB) of the Community Health Division (CHD) to the Tobacco Settlement Project (TSP) (HTH 590/GJ) and change the means of financing from general funds to the Tobacco Settlement Special Funds (TSSF) (-9.00/-555,204A, -9.00/-555,204A).
- 5. Transfer-out the positions and funds in the Tobacco Prevention & Control Section in the CDMCB (HTH 580/GR) to the TSP (HTH 590/GR) and change the means of financing from general funds to the TSSF (-1.00/-79,352A, -1.00/-79,352A).
- 6. Transfer-out the positions and funds in the Diabetes and Chronic Disabling Diseases Section in the CDMCB (HTH 580/GP) to the TSP (HTH 590/GP) (-1.00/-107,705A, -1.00/-107,705A).

#### C. Description of Activities Performed

The CDMCB provides statewide leadership in the areas of health promotion and chronic disease prevention and management by collecting and using data; disseminating guidelines, recommendations, and best practices for behavioral interventions; and by assisting communities and organizations to increase their capacity to prevent chronic diseases and promote healthy behaviors. The CDMCB consists of the following areas: Cancer Prevention and Control; Breast and Cervical Cancer Education and Early Detection; Diabetes and Chronic Disabling Diseases; Bilingual Health Services; Healthy Communities; Heart Disease and Stroke Prevention; and Tobacco Prevention and Control.

The Public Health Nursing Branch (PHNB) maximizes and protects healthy lifestyles by improving health practices and access to health care through as system of comprehensive, family-centered public health nursing services to individuals, families, groups, and communities. The PHNB works collaboratively to provide culturally competent and relevant public health nursing services to at-risk and vulnerable populations of all age groups in a variety of community settings.

#### D. Statement of Key Policies Pursued

The CDMCB assigns priority to nationally established core public health functions of assessment, policy development, and assurance for effecting improved community health services and disease prevention and control. Policies that impact large populations, such as Hawaii's smoke free work and public places law, are priority.

PHNB services primarily address departmental policies and program priorities and community health needs, focusing on "wellness", "attainment of optimum health", and "achievement of self sufficiency", with emphasis on preventive care to at-risk targeted populations.

#### E. Identification of Important Program Relationships

The CDMCB serves as a catalyst and leader in the state for controlling and managing the fiscal and human costs of disease through mobilizing and coordinating public and private sector programs and implementing innovative intervention programs to address service gaps. The branch facilitates important linkages between the Department of Health (DOH), public and private community organizations, the Centers for Disease

Control and Prevention (CDC), the Association of State and Territorial Public Health Directors, and the National Cancer Institute, among others.

The PHNB works closely with the CDMCB, other divisions in DOH, the Departments of Education and Human Services, the Executive Office on Aging, University of Hawaii Schools of Nursing and Medicine, and other community-based social, educational, and health organizations.

#### F. Description of Major External Trends Affecting the Program

CDMCB: National trends, public health funding, and health care reform strongly emphasize primary prevention through core public health functions rather than a focus on providing direct services. Broad, collaborative community participation, community development, and social determinants of health are also emphasized nationally. The CDC directs its decreasing resources to disease surveillance and assessment and prevention of chronic diseases. Other trends relate to shifting population patterns and health disparities among resident groups such as Native Hawaiians, other Pacific Islanders, migrant groups and the homeless.

PHNB: (1) continued limitations in program funding and personnel will continue to force programs to do more with less; (2) recruitment of nurses continues to be a challenge; (3) increased efforts for surveillance and data analysis and fostering of community based participatory approaches for program planning, development and evaluation; (4) continued reliance on partnerships with government and private organizations; (5) increasing rates of obesity, especially in disparate populations; (6) physical inactivity, poor diet, and tobacco use continue to contribute to the prevalence of chronic diseases, resulting in increased case loads and stretched resources; (7) continued disproportionate impact of chronic disease mortality and morbidity on certain populations; (8) given limited resources, services will continue to target populations at highest risk; (9) increasing identification of students' health/medical conditions and those in need of educational accommodations (504/IDEA) will strain limited resources to administer medications and provide other health services; (10) increasing numbers of medically fragile children in the community will require more services and will increase the need for additional health and licensed personnel in the schools; (11) increasing numbers of immigrants and migrants with communicable disease and other health care needs are impacting on our limited resources; (12) continuation of building capacity for disaster response and related homeland security/ bioterrorism efforts put demands on existing staff and resources; and (13) training, skill

and competency building are ongoing concerns with the rapid changes in technology and replacement of outdated and antiquated equipment to assure up-to-date, quality service.

### G. Discussion of Cost, Effectiveness and Program Size Data

CDMCB: Downsizing and budget cuts have severely limited the ability of its programs to respond with appropriate professional expertise to the urgent public health issue of chronic disease and to populations in greatest need. While the CDMCB has been successful at securing federal funds, the national economic condition has resulted in reduced federal funding and reduced capacity to fulfill our public health responsibilities.

PHNB: Nursing services to high-risk populations require outreach and increased visits due to the various perceived barriers in accessing health care services. Services to specific populations of Pacific Islanders/Marshallese present many challenges and ongoing consistent outreach, which does tax PHNB resources.

#### H. Discussion of Program Revenues -- None

#### I. Summary of Analysis Performed

With the harsh economic problems facing the State, the Department evaluated its programs and determined that transferring the CDMCB out of the Community Health Division to the TSP and changing the means of financing from general to special funds would help to achieve general fund savings and operational efficiencies.

#### J. Further Considerations -- None

# OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

**HTH590** 

PROGRAM STRUCTURE NO. 05010602

PROGRAM TITLE:

TOBACCO SETTLEMENT

		IN DOLLA	RS			IN IHOUS	SANDS				
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15			
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES EQUIPMENT	26.00* 2,175,999 55,071,267	, ,	48.00* 4,611,090 61,269,176 4,750	48.00* 4,611,090 61,269,176 4,750	48.0* 4,611 61,269 5	48.0* 4,611 61,269 5	48.0* 4,611 61,269 5	48.0° 4,611 61,269			
TOTAL OPERATING COST	57,247,266	58,547,266	65,885,016	65,885,016	65,885	65,885	65,885	65,885			
BY MEANS OF FINANCING			•								
SPECIAL FUND	26.00* 53,847,266 *	26.00* 53,847,266 *	37.00* 57,076,382 11.00*	37.00* 57,076,382 11.00*	37.0* 57,076 11.0*	37.0* 57,076 11.0*	37.0* 57,076 11.0*	37.0° 57,076 11.0°			
OTHER FED. FUNDS	*	*	3,821,823	3,821,823	3,822	3,822	3,822	3,822			
INTERDEPT. TRANSFER	3,400,000	4,700,000	4,986,811	4,986,811	4,987	4,987	4,987	4,987			
TOTAL POSITIONS TOTAL PROGRAM COST	26.00* 57,247,266	26.00* 58,547,266	48.00* 65,885,016	48.00* 65,885,016	48.00* 65,885	48.00* 65,885	48.00* 65,885	48.00 65,885			

#### PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID: HTH590
PROGRAM STRUCTURE: D5010602
PROGRAM TITLE: TOBACCO SETTLEMENT

	FY	FY	FY	FY	FY	FY	FY	FY
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. PERCENTAGE OF ADULTS WHO ARE AT A HEALTHY WEIGHT 2. % CHILDREN/ADOLESCENTS WHO ARE AT A HEALTHY WGHT 3. % ADULTS ENGAGE IN MODERTE PHY ACTIV 30 MIN EA DAY 4. % ADULTS WHO ENGAGE IN LEISURE-TIME PHYS ACTIVITY 5. % YOUTH ENGAGE IN MODERTE PHY ACTIV 30 MIN EACH DAY 6. % PERSONS 2 YRS & OLDER CONSUME 3 DAILY SRVGS VEG 7. % PERSONS 2 YRS & OLDER CONSUME 2 DAILY SRVG FRUIT 8. PERCENTAGE OF SMOKING AMONG ADULTS 9. PERCENTAGE OF SMOKING AMONG HIGH SCHOOL STUDENTS	55	57	45	47	50	53	55	55
	78	80	73	75	77	78	78	78
	55	57	55	57	60	60	60	60
	85	87	85	85	87	87	89	89
	68	70	35	37	40	43	43	45
	28	29	30	30	32	35	35	35
	22	24	25	25	25	25	25	25
	16	16	13	13	13	10	10	10
PROGRAM TARGET GROUPS  1. TOTAL NUMBER OF HAWAII RESIDENTS  2. TOTAL NUMBER OF CHILDREN ATTENDING HAWAII SCHOOLS  3. TOTAL NO. FOOD STAMP PARTCPNTS & ELIGIBLE HI RESDN	1200000	1200000	1200000	1200000	1200000	1200000	1200000	1200000
	200000	200000	200000	200000	200000	200000	200000	200000
	240000	240000	240000	240000	240000	240000	240000	240000
PROGRAM ACTIVITIES  1. NO. SOCIAL-MARKTNG CAMPAIGNS CONDCTD FOR TARGT GRP 2. NO. NUTRITION/PHYSICAL ACTIVITY COALITION MEMBERS 3. NO. COMMUNTIES CONDCTNG POLICY/ENV/SYS CHANGES 4. NUMBER OF PEOPLE TRAINED IN NUTRITION EDUCATION 5. NO. TEACHRS TRAIND IN STNDS-BASED HTH & PHYSICL ED 6. NO. MD RESDNT/PHYSCNS TRAIND IN OBESITY PRV/INTRVN 7. NO. SURVEILLNCE DATA SETS IN HI HTH DATA WAREHOUSE 8. NO. STANDARD REPRTS AND REPORTNG TEMPLATES IN HHDW 9. NO. DEPTL DATA USERS TRAINED & UTILIZE THE HHDW 10. INFORMATION GOVERNANCE FOR HHDW IS ESTABLISHED	2 125 10 600 500 80 8 200 50 4	3 200 12 1500 600 80 10 250 50	3 300 15 2000 650 80 10 275 30	3 400 15 2500 700 80 12 300 40	3 500 15 3000 750 80 14 325 50	3 600 15 3500 800 80 16 350 60	3 700 20 4000 800 100 18 370 60	3 800 20 4500 800 100 18 400 60
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: ALL OTHER TOTAL PROGRAM REVENUES	1,608	1,200	1,200	1,200	1,200	1,200	1,200	1,200
	55,713	53,497	53,497	53,497	53,497	53,497	53,497	53,497
	57,321	54,697	54,697	54,697	54,697	54,697	54,697	54,697
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	57,321	54,697	54,697	54,697	54,697	54,697	54,697	54,697
	57,321	54,697	54,697	54,697	54,697	54,697	54,697	54,697

#### A. Statement of Program Objectives

To ensure that people in Hawaii have healthy beginnings in early childhood, healthy growth and development through childhood, and healthy adult lifestyles based on good nutrition, regular physical activity, and freedom from tobacco use.

#### B. <u>Description of Request and Compliance with Section 37-68(1)(A)(B)</u>

- Increase the Tobacco Settlement Special Fund (TSSF) ceiling (0.00/2,144,574B, 0.00/2,144,574B).
- Establish 4.00 new temporary FTE positions for the in-house Hawaii Health Data Warehouse (HHDW) Project—a contract currently with the University of Hawaii (UH) which is proposed for termination (0.00/0B, 0.00/0B).
- Transfer-in the positions and funds in the Community Resources & Development Section (excluding bilingual health aides program) (HTH 580/GJ) in the Chronic Disease & Management Control Branch (CDMCB) of the Community Health Division (CHD) to the Tobacco Settlement Project (TSP) (HTH 590/GJ) and change the means of financing from general funds to the Tobacco Settlement Special Funds (TSSF) (9.00/761,550B, 9.00/761,550B).
- Transfer-in the positions and funds in the Tobacco Prevention & Control Section in the CDMCB (HTH 580/GR) to the TSP (HTH 590/GR) and change the means of financing from general funds to the TSSF (1.00/112,609B, 1.00/112,609B).
- Transfer-in the positions and funds in the Diabetes and Chronic Disabling Diseases Section in the CDMCB (HTH 580/GP) to the TSP (HTH 590/GP) (1.00/148,654B, 1.00/148,654B).

#### C. Description of Activities Performed

The Tobacco Settlement Project/Healthy Hawaii Initiative (TSP/HHI) has a comprehensive and integrated framework to lead in the three risk areas of nutrition, physical activity and tobacco use for the prevention of chronic disease and health promotion. The project coordinates across the department and collaborates with other governmental and nongovernmental agencies. HHI/TSP employs four major strategies to reach its goals: (1) public awareness and professional education; (2) school-based health activities; (3) community-based programs; and (4) planning, evaluation and data collection. Relationships and strategic partnerships are established to develop sustainable changes through policy. systems and environmental changes. The TSP/HHI develops social marketing campaigns to reach the broad population as well as targeted groups, especially the food stamp eligible and school aged populations. It supports coalition building to create capacity in communities to create sustainable changes in healthy eating and active living. TSP partners with the Department of Education (DOE), UH, and non-governmental agencies to provide professional development training to increase the skills and knowledge of teachers to reach children with standards-based health education and physical education instruction. Training sessions are occurring on the built environment at the state and county levels. Worksite wellness meetings and trainings will be increasing to work with selected governmental agencies, unions and healthcare providers. Professional education will continue to provide

training to physicians on pediatric obesity, screening, and recommendations for physical activity and nutrition.

The Science and Research Group (SRG) oversees the HHDW Project that provides: increased access and utility of surveillance data to programs across the DOH to increase timely reporting and evaluation of programs; and training in accessing data from the HHDW and data application. The SRG also identifies, coordinates and develops public health data use and publication policies; and is building a information system to collect syndromic surveillance data as well as provide better data access and information to identify public health outbreaks and improve prevention and intervention programs.

Participation in the USDA State Nutrition Assistance Program-Education (SNAP-Ed; formerly Food Stamp Nutrition Education or FSNE) through the Department of Human Services (DHS) increases outreach to the food stamp eligible population that is at generational risk for poor nutritional practices. The TSP/HHI provides the training, administrative, fiscal and evaluation support to increase community agency and DOE participation in the federal reimbursement for the nutrition education program.

#### D. Statement of Key Policies Pursued

Created pursuant to HRS §328L-4, the TSP/HHI works mainly to create changes through policy, systems and environmental levels to reach the broadest number of people possible. The TSP/HHI interprets national recommendations for public education, and works to build capacity across other state and community-based agencies. TSP/HHI does not provide direct delivery of services but provides technical assistance and training opportunities, and is able to more cost effectively increase the knowledge and skills amongst stakeholders who do provide direct services. The activities of the TSP/HHI are responsive primarily to HRS, Chapter 221-Hawaii State Planning Act, Part I. The measurable objectives and outcomes support HRS \$226-4(3) of the state goals to achieve physical well-being for individuals and families in Hawaii and encourages community responsibility. The efforts are aligned with the objectives and policies stated in HRS \$226-20 to address the primary prevention of chronic disease and to encourage public and private efforts to develop statewide and local strategies to increase daily opportunities and access to physical activity and healthy foods. The desired outcomes also align with HRS §226-23 to support the establishment of adequate and accessible programs and community environments that support leisure time physical activity.

#### E. <u>Identification of Important Program Relationships</u>

The objectives of the TSP/HHI are reached through critical relationships with other agencies. Partnerships between the UH and DOH increase opportunities for both agencies to improve the use of health status monitoring data collection for program evaluation, decision making and to conduct more in-depth study of health data. The partnership with higher education also aligns with HRS §226-107 of the Hawaii State Planning Act, Part III to initiate efforts to improve the quality of education by providing workforce development for DOE teachers. The

school health partnership of TSP/HHI includes private agency partners that allow the inclusion of independent school teachers in the training opportunities. The TSP/HHI funds the development of physical activity and nutrition coalitions to increase the capacity of state and community-based agencies to interpret national recommendations into Hawaii specific strategies for the primary prevention of obesity, and chronic disease by increasing healthy eating and active living. The coalitions will represent culturally relevant approaches for their communities in keeping with HRS §226-25 and -27 whereby government is sensitive to the quality of cultural and community lifestyles and engages citizens to participate in policy development. Work through the TSP/HHI and coalition partners is aligned with HRS §226-104 so land use is integrated with health promotion. The TSP/HHI participation in the USDA SNAP-Ed, also known as HHI Nutrition Network, is through the DHS. TSP/HHI is building the infrastructure to bring on board more agencies to enhance the availability and reach of nutrition education to the food stamp eligible population.

#### F. Description of Major External Trends Affecting the Program

Hawaii's combined overweight and obesity rates are the lowest in the nation according to the 2005 Behavioral Risk Factor Surveillance Study and continued to remain amongst the lowest in the nation in 2007. However, Hawaii, like much of the nation continues to experience a rise in trends of overweight and obesity amongst adults and youth. Unless the trends are reversed, the people of Hawaii will face increasing economic costs and decrease in quality of life. According to Finkelstein, Fiebelkorn and Wang, (2004), they calculated that for 2003, Hawaii had obesity-attributable expenditures equal to \$290 million. The Milken Institute (DeVol, Ross and Armen Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease, October 2007) estimates that the combined cost of chronic disease in Hawaii cost \$4.9 billion due to treatment expenditures and lost productivity. By 2023 the avoidable costs are estimated at \$14.7 billion dollars for Hawaii. The burden of obesity and chronic diseases associated with tobacco use, physical activity and nutrition behaviors is also unequally distributed. Native Hawaiians continue to report having higher rates of obesity, heart disease, strokes, lung cancer and breast cancer from the rest of the population. Japanese, Native Hawaiians, then Chinese and Filipinos face higher diabetes rates than Caucasians in Hawaii.

#### G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

The TSSF established through HRS§328L-2 allocates 25% of the funds for the DOH for health promotion and the prevention of chronic disease. The TSP/HHI is proposing to add four new positions as a cost saving measure by bringing the HHDW Project into the DOH. This move will also allow the transfer of data in the HHDW that contains protected health information for public health surveillance. This is a proposed additional cost for four temporary positions will be offset by savings from ending the HHDW Project contract with UH. The cost savings will be used to increase the community intervention contracts to community health agencies that are providing primary prevention programs. In FB 09-11, TSP/HHI proposes to increase the level of funding to reduce the trend of overweight and obesity in Hawaii. The TSSF in the DOH is the only state funding for primary prevention.

TSP/HHI proposes to increase competitive funding availability to community agencies as non-profit donations and grants become less available for health promotion. Also, the TSP/HHI is increasing data collection efforts that will benefit program interventions and decision making for the DOH. The TSP/HHI will rely on the cost savings to develop the Hawaii Health Emergency Surveillance System that will integrate with the HHDW. The TSP/HHI is first piloting the HHESS to collect hospital based data in Hawaii County to detect the respiratory symptoms and will study this data in relationship to the air quality monitoring system data. This information will be used by the DOH to eventually provide public health guidance to the public, healthcare providers and other agencies on preparations for poor air quality conditions to prevent avoidable respiratory complications. This will be the first automated system in the DOH that will gather data almost real time from the hospitals to provide alerts on public health outbreaks. Currently, the DOH purchases hospital based data by program area to study chronic disease and other health issues in Hawaii.

#### H. <u>Discussion of Program Revenue</u>

The increased ceiling request of \$2,144,674 represents an estimated increase in deposits from the Master Settlement Agreement projections. Other revenue includes projected federal reimbursements received as "U" funds from DHS for participation in SNAP-Ed.

#### Summary of Analysis Performed

The TSP/HHI has been evaluated and reorganized based on recommendations from the UH. Department of Public Health Sciences to more effectively address the prevention of chronic disease and obesity through a social ecologic model. According to the "2003 HHI Evaluation: Key Stakeholders Interview," the project needed to increase capacity and implement national recommendations. HHI surveys found a high response rate of recognition for the HHI social marketing brand, "Start Living Healthy." Survey results also showed that while many people reported being prepared to eat healthy food; many didn't consider eating the recommended levels of fruits and vegetables at all important. Also, almost half of those surveyed reported that they were prepared to be physically active but were not currently meeting the recommendations for physical activity. The Trust for America estimates that Hawaii would see a return of investment of \$5.60 for every \$1.00 spent on primary prevention through community interventions in nutrition, physical activity and tobacco use, or \$70 million dollars in savings from healthcare costs. Also, with the harsh economic problems facing the State, the Department evaluated its programs and determined that transferring the CDMCB out of the Community Health Division to the TSP and changing the means of financing from general to special funds would help to achieve general fund savings and operational efficiencies.

#### J. Further Considerations -- None

REPORT P61-A

PROGRAM ID:

**HTH595** 

PROGRAM STRUCTURE NO. 050107

PROGRAM TITLE:

HEALTH RESOURCES ADMINISTRATION

		IN DOLLAR	lS			IN THOL	SANDS	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	2.00*	2.00*	2.00*	2.00*	2.0*	2.0*	2.0*	2.0*
PERSONAL SERVICES	94,459	94,459	153,824	153,824	154	154	154	154
OTHER CURRENT EXPENSES	673,837	441,957	181,081	181,081	181	181	181	181
TOTAL OPERATING COST	768,296	536,416	334,905	334,905	335	335	335	335
				1				·
BY MEANS OF FINANCING								
	2.00*	2.00*	2.00*	2.00*	2.0*	2.0*	2.0*	2.0%
GENERAL FUND	768,296	536,416	334,905	334,905	335	335	335	335
TOTAL POSITIONS	2 00**	2 00**	2 00**	2 00	2 22	2 22.	0.00	
	2.00*	2.00*	2.00*	2.00*	2.00*	2.00*	2.00*	2.00*
TOTAL PROGRAM COST	768,296	536,416 	334,905 	334,905	335	335	335	335

STATE OF HAWAII

#### PERFORMANCE MEASURES AND PROGRAM REVENUES

REPORT P62

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:
HTH595
050107
HEALTH RESOURCES ADMINISTRATION

	FY							
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. % MOE HRA PRGS SHOWING BENEFICIAL CHGS (PL VS ACT)			36	36	36	36	36	36
PROGRAM TARGET GROUPS  1. PERSONNEL IN HEALTH RESOURCES ADMINISTRATION  2. OTHER ADMINISTRATIVE LEVEL STAFF IN DEPT OF HEALTH	1306	1306	1070	1070	1070	1070	1070	1070
	183	183	68	68	68	68	68	68

#### A. Statement of Program Objectives

To enhance program effectiveness and efficiency by formulating policies, directing operations and personnel, and providing other administrative services in the areas of communicable disease, developmental disabilities, family health, community health nursing and bilingual health services.

# B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

A request to reduce funding for Respite services to address the Department's lower funding level (-412,024A; -412/024A).

#### C. <u>Description of Activities Performed</u>

All of the activities are administrative in nature and involve the setting of goals and policy direction for programs within the Health Resources Administration, which includes the Emergency Medical Services and Injury Prevention Systems Branch along with the Communicable Disease, Community Health, Dental Health, Developmental Disabilities, Disease Outbreak Control, and Family Health Services Divisions. Also under its purview is the Respite Program, which affords respite services to the families of clients from the child and adolescent mental health, adult mental health, developmental disabilities, and children with special health needs program areas.

#### D. Statement of Key Policies Pursued

Many federal and state statutory requirements, as well as internal policies, govern the programs in the Health Resources Administration (HRA). Policies are reviewed and amended to conform to ongoing needs.

#### E. Identification of Important Program Relationships

Programs within HRA collaborate on an ongoing basis to ensure that departmental resources are maximized and duplication is eliminated. HRA programs are also in communication with other state, county, and federal agencies. Public-private partnerships continue to increase with community agencies and interest groups.

#### F. Description of Major External Trends Affecting the Program

An ongoing element affecting HRA programs for the last decade has been the State's economy. The results of the high cost of living is seen in the growing numbers of uninsured individuals and homeless families and the decreasing accessibility to health care services for rural residents and low income persons throughout the state.

#### G. <u>Discussion of Cost</u>, <u>Effectiveness and Program Size Data</u>

The size and complexity of the Health Resources Administration makes it very difficult for each program ID to limit the reported measures of effectiveness, target groups, and activity measures to ten in each category. This consolidation results in the limitation of the overall measures to ones that have commonality among all the individual programs but may be somewhat nebulous and not accurately portray each major program within those very large divisions that oversee a myriad of diverse programs.

#### H. <u>Discussion of Program Revenue</u>

The Health Resources Administration, as part of core departmental infrastructure, is funded entirely by state general funds.

#### Summary of Analysis Performed

None

#### J. Further Considerations

None

# OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH210

PROGRAM STRUCTURE NO. 050201

PROGRAM TITLE:

HAWAII HEALTH SYSTEMS CORPORATION

		IN DOLL	ARS	IN THOUSANDS					
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15	
						Chief Babl Cabl Lake plant case there man super case			
CURRENT LEASE PAYMENTS									
OTHER CURRENT EXPENSES	11,042,000	11,042,000	12,621,000	12,494,000	12,494	12,494	12,494	12,494	
TOTAL CURRENT LEASE PAYMENTS C	11,042,000	11,042,000	12,621,000	12,494,000	12,494	12,494	12,494	12,494	
BY MEANS OF FINANCING				1					
SPECIAL FUND	11,042,000	11,042,000	12,621,000	12,494,000	12,494	12,494	12,494	12,494	
OPERATING COST	2,836.25*	2,836.25*	2,836.25*	2,836.25*	2,836.2*	2,836.2*	2,836.2*	2,836.2*	
PERSONAL SERVICES	291,575,000	291,575,000	351,307,000	358,529,000	358,529	358,529	358,529	358,529	
OTHER CURRENT EXPENSES	130,649,232	154,465,961	189,144,000	199,063,000	199,063	199,063	199,063	199,063	
TOTAL OPERATING COST	422,224,232	446,040,961	540,451,000	557,592,000	557,592	557,592	557,592	557,592	
BY MEANS OF FINANCING									
GENERAL FUND	53,612,232 2,836.25*	53,622,961 2,836.25*	82,460,894 2,836.25*	82,460,894   2,836.25*	82,461 2,836.2*	82,461 2,836.2*	82,461 2,836.2*	82,461 2,836.2*	
SPECIAL FUND	368,612,000	392,418,000	457,990,106	475,131,106	475,131	475,131	475,131	475,131	
CAPITAL IMPROVEMENT COSTS									
PLANS	80,000	1,000,000							
DESIGN	749,000	524,000	499,000	499,000					
CONSTRUCTION EQUIPMENT	3,090,000 1,000	2,304,000 156,000	9,500,000 1,000	9,500,000   1,000					
EGOTEMENT									
TOTAL CAPITAL EXPENDITURES	3,920,000 =================================	3,984,000	10,000,000	10,000,000					
BY MEANS OF FINANCING				1					
G.O. BONDS	3,920,000	3,984,000	10,000,000	10,000,000					
TOTAL POSITIONS	2,836.25*	2,836.25*	2,836.25*	2,836.25*	2,836.20*	2,836.20*	2,836.20*	2,836.20*	
TOTAL PROGRAM COST	437,186,232	461,066,961	563,072,000	580,086,000	570,086	570,086	570,086 ======	570,086	
· ·									

#### PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:
HTH210
5050201
HAWAII HEALTH SYSTEMS CORPORATION

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
MEASURES OF EFFECTIVENESS								
<ol> <li>AVERAGE OPERATING COST PER PATIENT DAY (EXCL EQPT)</li> <li>AVERAGE PATIENT REVENUE PER PATIENT DAY</li> <li>OCCUPANCY RATE - ACUTE CARE</li> <li>OCCUPANCY RATE - LONG-TERM CARE</li> </ol>	1190.41 972.42 67.48 97.34	1250.46 1025.07 68.55 98.87	1260 1030 70 99	1260 1030 70 99	1260 1030 70 99	1260 1030 70 99	1260 1030 70 99	1260 1030 70 99
PROGRAM TARGET GROUPS								
1. EST. POPULATION OF SERVICE AREA - EAST HAWAII 2. EST. POPULATION OF SERVICE AREA - WEST HAWAII 3. EST. POPULATION OF SERVICE AREA - MAUI 4. EST. POPULATION OF SERVICE AREA - KAUAI 5. EST. POPULATION SERVICE AREA OVER 65 - EAST HAWAII 6. EST. POPULATION SERVICE AREA OVER 65 - WEST HAWAII 7. EST. POPULATION SERVICE AREA OVER 65 - MAUI 8. EST. POPULATION SERVICE AREA OVER 65 - OAHU 9. EST. POPULATION SERVICE AREA OVER 65 - KAUAI	107015 66042 141902 62828 14488 8941 16849 134509 9207	107015 66042 149580 65340 14488 8941 17800 138886 9605	107100 67165 151300 65900 14575 8933 17850 138900 9600	107100 67904 152964 66625 14735 9031 17875 139000 9650	107100 68651 154647 67358 14897 9131 17925 139100 9650	107100 69406 156348 68099 15061 9231 17980 139200 9700	107100 69406 156348 68099 15061 9231 17980 139200 9700	107100 69406 156348 68099 15061 9231 17980 139200 9700
PROGRAM ACTIVITIES								
<ol> <li>NUMBER OF IN-PATIENT ADMISSIONS - ACUTE CARE</li> <li>NUMBER OF IN-PATIENT DAYS - ACUTE CARE</li> <li>NUMBER OF BIRTHS</li> <li>NUMBER OF ADMISSIONS - LONG-TERM CARE</li> <li>NUMBER OF PATIENT DAYS - LONG-TERM CARE</li> <li>NUMBER OF EMERGENCY ROOM (ER) VISITS</li> </ol>	22763 118673 3873 1195 283239 91552	23982 120102 3993 1195 286893 94299	24500 120100 3800 1200 287000 95000	24500 120100 3800 1200 287000 95000	24500 120200 3800 1200 287000 95000	24500 120200 3800 1200 287000 95000	24500 120200 3800 1200 287000 95000	24500 120200 3800 1200 287000 95000
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)								
REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES NON-REVENUE RECEIPTS	68,702 311,440 7	74,565 339,997 8	77,013 344,493 8	80,863 361,718 8	84,906 379,803 9	89,151 398,794 9	89,151 398,794 9	89,151 398,794 9
TOTAL PROGRAM REVENUES	380,149	414,570	421,514	442,589	464,718	487,954	487,954	487,954
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS)								
SPECIAL FUNDS	380,149	414,570	421,514	442,589	464,718	487,954	487,954	487,954
TOTAL PROGRAM REVENUES	380,149	414,570	421,514	442,589	464,718	487,954	487,954	487,954

#### A. STATEMENT OF PROGRAM OBJECTIVES

To sustain and enhance both the levels of service and the quality of care for the communities we serve in the most cost-effective fashion. HHSC and the regions of HHSC operate the primary acute care hospitals on the neighbor islands, and, in many instances, provide the only in-patient acute hospital services and substantial long-term care services throughout Hawaii. The facilities of the HHSC include: Hilo Medical Center, Honokaa, and Kau (East Hawaii Region); Kona Community Hospital and Kohala (West Hawaii Region); Maui Memorial Medical Center, Lanai and Kula (Maui Region); Leahi and Maluhia (Oahu Region); West Kauai Medical Center/Kauai Veterans Memorial Hospital and Samuel Mahelona Memorial Hospital (Kauai Region).

# B. <u>DESCRIPTION OF REQUESTS AND COMPLIANCE WITH SECTION 37-</u>68(1)(A)(B)

Biennium budget request to increase the special fund ceiling by \$67,151,106 in FY 10 and \$84,165,106 in FY 11. This is needed due to increase in expenses due to inflationary factors. In addition, Maui Memorial Medical Center expenses increased due to \$11M estimated for its cardiovascular program.

Lump Sum CIP request of \$10,000,000 in FY 10 and \$10,000,000 in FY 11 for the repair and maintenance for all HHSC facilities. This is the level of CIP support the administrative budget will support. Substantially more CIP funding support or infusion of private capital is required to adequately meet the facility and equipment mission requirements of the HHSC regions.

# C. <u>DESCRIPTION OF ACTIVITIES PERFORMED</u>

Corporation. The major activities carried out by the HHSC Corporate Board of Directors and corporate management team include policy formulation, hospital system governance, business development, quality assurance, strategic direction, planning and coordination, financial management, legal counsel, personnel management, materials management, information

systems, and technical services to support its community hospitals.

Facilities. The major activities and service provided by the five Regional System Boards, regional management teams and the twelve community facilities constitute the primary hospital acute care provider on the neighbor islands, and, in most instances, the only in-patient hospital services in rural locations. Acute inpatient services include surgical, medical, critical care, obstetrics, pediatric, and psychiatric care. Outpatient care services include ambulatory surgery, home health, and emergency room services. Clinical services include nursing, anesthesiology, central supply, radiology, oncology, pathology, respiratory therapy, physical and occupational therapy, social services, pharmacy, and dietary. Support services include administration, admitting, business, personnel, data processing, medical records, logistics, housekeeping, and maintenance.

# D. <u>STATEMENT OF KEY POLICIES PURSUED</u>

Dedication to excellence in providing accessible, comprehensive health care services that are quality driven, customer-focused, and cost effective. In addition, the regions and facilities strive to provide this care with a dedication to quality standards maintained through JCAHO accreditation, where appropriate, Medicare/Medicaid certifications, and State licensure and health professional standards.

# E. <u>IDENTIFICATION OF IMPORTANT PROGRAM RELATIONSHIPS</u>

Executive management is provided to the HHSC through the Corporation Board, President, and CEO and corporation staff. The five regional system boards and the regional Chief Executive Officers provide regional management and advice. All work with multiple hospitals, health care organizations, State government agencies and the Legislature, and the communities they serve.

# F. <u>DESCRIPTION OF MAJOR EXTERNAL TRENDS AFFECTING THE PROGRAM</u>

Significant external trends having potential impact on HHSC include, but are not limited to:

The national and state economic recessions are affecting local economies throughout the communities served by HHSC regions and facilities. As a result demands for services from uninsured and underinsured patients are forecasted to increase, which is expected to create greater financial challenges that may not be fully reflected in the budget requirements for HHSC regions being submitted for this biennium budget.

The constant pressure to reduce reimbursements in both the federal and state Medicare and Medicaid/QUEST programs. Inherent in this is the trend to reduce costly in-patient and emergency room utilization.

The increasing competition for scarce health care resources including limited reimbursement dollars, the need for qualified health care professionals, and the encroachment of national corporations into the state, including the neighbor islands.

Most severe current trends are the necessities for paying physicians to provide emergency physician services and specialty physician on-call services at HHSC's ten emergency departments and to work as hospitalists in HHSC hospitals to take care of in patients. These costs are forecasted to continue to escalate.

The increasing costs of health care in general, and particularly in rural areas, with the related increase in the reliance on high-cost technology and complex information systems.

Lastly, commercial health plans payments to providers are not keeping pace with cost inflation and may continue to lag, because of the impact of the Hawaii pre-paid healthcare act on the market.

# G. <u>DISCUSSION OF COST, EFFECTIVENESS, AND PROGRAM SIZED DATA</u> Threats to HHSC.

Labor costs constitute over 65% of the HHSC budget. HHSC costs are high compared to national averages and are higher than those of local hospital competitors. While HHSC has been given limited authority to make memoranda of agreement and collective bargaining sub-agreements with HGEA and UPW, HHSC is restricted from modifying salary and benefits and virtually precluded from outsourcing work. Pay raises for HHSC are negotiated by OCB, approved by the Administration, and then appropriated by the Legislature. Funding support from the state to cover the annually increasing cost is essential to sustain HHSC and its regions.

The high costs of fringe benefits, inability to out-source functions because of restrictions in law, restrictive work rules, lack of staff flexibility to work load and inability to reduce or close services, because of restrictions in law, are financially crippling HHSC regions and facilities.

Substantial existing liabilities (\$150 million or more) of the former DOH Division of Community Hospitals were passed to HHSC when the Corporation was formed in 1996. These liabilities include inflated fringe benefit payments for insufficient pension funding, prior worker's compensation liabilities, prior accrual of employee benefits, overpayment reimbursements to the federal government, and over \$45 million in deferred maintenance and repair of facilities. The ability to pay for these liabilities, which were incurred prior to creation of HHSC, is critical to the future success of HHSC. HHSC has taken aggressive management actions to cope with these liabilities such as active management, including negotiated settlements, of millions of dollars of workers compensation claims to reduce prior claims liabilities and contracting for several millions of dollars in energy conservation performance contracting projects that has enabled HHSC to achieve substantial modernization of facilities at no increase in operating costs. Existing safety and operational shortfalls of HHSC facilities comprise the largest dollar value of liabilities existing prior to November 1996.

HHSC inherited from the Department of Health (DOH) the responsibility of providing "free" or under-reimbursed services to the public as well as the obligation to provide quality health in rural areas. Substantial reduction or elimination of these services is not allowed under Act 262.

# H. <u>DISCUSSION OF PROGRAM REVENUE</u>

Fund sources are State general funds and revenues generated by providing services deposited into the special funds account. Investment income may be generated from excess funds as they become available. Grant funds and donations may be made directly to HHSC or to the Hawaii Health Systems Foundation (HHSF), a subsidiary of the HHSC created to support HHSC or any of the other eight Foundations associated with HHSC hospitals

# I. SUMMARY OF ANALYSIS PERFORMED

See Part G.

# J. FURTHER CONSIDERATIONS

None.

REPORT P61-A

PROGRAM ID:

HTH211

PROGRAM STRUCTURE NO. 050202

PROGRAM TITLE:

KAHUKU HOSPITAL

			IN DOLLAI	IN THOUSANDS					
PROGRAM EXPENDITURES		FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
						white price base rates from more done after after gain	and the same color town safe, some color same color same		
CAPITAL IMPROVEMENT COSTS									
PERSONAL SERVICES OTHER CURRENT EXPENSES		1,500,000	1,500,000	1,500,000	1,500,000	1,500	1,500	1,500	1,500
TOTAL OPERATING COST		1,500,000	1,500,000	1,500,000	1,500,000	1,500	1,500	1,500	1,500
					1				
BY MEANS OF FINANCING GENERAL FUND		1,500,000	1,500,000	1,500,000	1,500,000	1,500	1,500	1,500	1,500
TOTAL POSITIONS TOTAL PROGRAM COST	==	* 1,500,000	* 1,500,000 ===============================	* 1,500,000 	1,500,000	* 1,500 =====	* 1,500 ======	* 1,500	* 1,500

#### PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID: HTH211
PROGRAM STRUCTURE: DFOGRAM TITLE: HH1211
PROGRAM TITLE: KAHUKU HOSPITAL

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
MEASURES OF EFFECTIVENESS								
<ol> <li>OCCUPANCY RATE - ACUTE CARE</li> <li>OCCUPANCY RATE - LONG-TERM CARE</li> <li>AVERAGE LENGTH OF STAY - ACUTE CARE (DAYS)</li> <li>AVERAGE LENGTH OF STAY - LONG-TERM CARE (DAYS)</li> <li>AVERAGE OPERATING COST PER PATIENT DAY(EXCL EQUIP)</li> <li>AVERAGE PATIENT REVENUE PER PATIENT DAY</li> </ol>	51% 94% 14.1 451.7 1277.37 933.89	62% 97% 14.2 450 1158.39 985.28	62% 97% 14.2 450 1181.56 1004.99	62% 97% 14.2 450 1205.19 1025.09	62% 97% 14.2 450 1229.29 1045.59	62% 97% 14.2 450 1253.88 1066.5	62% 97% 14.2 450 1278.96 1087.83	62% 97% 14.2 450 1304.54 1109.59
PROGRAM TARGET GROUPS  1. EST. POPULATION OF SERVICE AREA (RESIDENTS)	22500	22500	22500	22500	22500	22500	22500	22500
PROGRAM ACTIVITIES								
NUMBER OF IN-PATIENT ADMISSIONS - ACUTE CARE     NUMBER OF IN-PATIENT DAYS - ACUTE CARE     NUMBER OF EMERGENCY ROOM VISITS     NUMBER OF ADMISSIONS - LONG-TERM CARE     NUMBER OF PATIENT DAYS - LONG-TERM CARE	172 2428 4000 13 3419	206 2922 4000 14 3528	206 2925 4000 14 3530	206 2925 4000 14 3530	206 2925 4000 14 3530	206 2925 4000 14 3530	206 2925 4000 14 3530	206 2925 4000 14 3530

#### A. STATEMENT OF PROGRAM OBJECTIVES

To sustain and enhance both the levels of service and the quality of care delivered to the north shore communities on the island of Oahu. Kahuku Medical Center provides medical care in the most cost-effective manner and operates a critical access hospital providing acute hospital services, skilled nursing services, a 24 hour emergency department, and supportive diagnostic/ancillary services.

# B. <u>DESCRIPTION OF REQUESTS AND COMPLIANCE WITH SECTION 37-68(1)(A)(B)</u>

Not applicable.

## C. <u>DESCRIPTION OF ACTIVITIES PERFORMED</u>

Facilities. The major activities and service provided by the Oahu Region Board, Kahuku Medical Center Board, regional management team, and medical center management team facilities constitute the primary hospital acute care provider on the north shore of the island of Oahu. Inpatient services include medical, limited pediatric and long term care (SNF/ICF). Outpatient/clinical care services include emergency room services, nursing, central supply, radiology, pathology, respiratory therapy, physical and occupational therapy, social services, pharmacy, and dietary. Support services include administration, admitting, business, personnel, medical records, logistics, housekeeping, and maintenance.

## D. STATEMENT OF KEY POLICIES PURSUED

Dedication to excellence in providing accessible, comprehensive health care services that are quality driven, customer-focused, and cost effective. In addition, Kahuku Medical Center strives to provide this care with a dedication to quality standards maintained through JCAHO accreditation, where appropriate, Medicare/Medicaid certifications, and State licensure and health professional standards.

#### E. <u>IDENTIFICATION OF IMPORTANT PROGRAM RELATIONSHIPS</u>

Executive management is provided to the Kahuku Medical Center through the Oahu Regional Board, Oahu Regional CEO and Oahu Regional staff. Medical Center management and advice is provided by the Kahuku Medical Center board. All work with multiple hospitals, health care organizations, State government agencies and the Legislature, and the communities they serve.

# F. DESCRIPTION OF MAJOR EXTERNAL TRENDS AFFECTING THE PROGRAM

Significant external trends having potential impact on Kahuku Medical Center include, but are not limited to:

The national and state economic recessions are affecting local economies throughout the communities served by Kahuku Medical Center. As a result demands for services from uninsured and underinsured patients are forecasted to increase, which is expected to create greater financial challenges that may not be fully reflected in the budget requirements for Kahuku Medical Center being submitted for this biennium budget.

The constant pressure to reduce reimbursements in both the federal and state Medicare and Medicaid/QUEST programs. Inherent in this is the trend to reduce costly in-patient and emergency room utilization.

The increasing competition for scarce health care resources including limited reimbursement dollars,

the need for qualified health care professionals, and the encroachment of national corporations into the state, including the neighbor islands.

Most severe current trends are the necessities for paying physicians to provide emergency physician services and specialty physician on-call services at Kahuku Medical Center's emergency department. These costs are forecasted to continue to escalate.

The increasing costs of health care in general, and particularly in rural areas, with the related increase in the reliance on high-cost technology and complex information systems.

An aging physical plant requiring immediate replacement and refurbishing of major infrastructure support systems.

Lastly, commercial health plans payments to providers are not keeping pace with cost inflation and may continue to lag, because of the impact of the Hawaii pre-paid healthcare act on the market.

G. <u>DISCUSSION OF COST, EFFECTIVENESS, AND PROGRAM SIZED DATA</u>
Threats to Kahuku Medical Center

An aging physical plant and the ability to attract qualified health care professionals in all fields.

#### H. DISCUSSION OF PROGRAM REVENUE

Fund sources are State general funds and revenues generated by providing services deposited into the special funds account. Investment income may be generated from excess funds as they become available. Grant funds and donations may be made directly to Kahuku Medical Center or to the Kahuku

Medical Center Foundation (to be activated).

#### I. SUMMARY OF ANALYSIS PERFORMED

See Part G.

## J. <u>FURTHER CONSIDERATIONS</u>

None.

PROGRAM ID:

**HTH420** 

PROGRAM STRUCTURE NO. 050301

PROGRAM TITLE:

ADULT MENTAL HEALTH - OUTPATIENT

			\RS			IN THOUS		
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	198.50*	198.50*	198.50*	198.50*	198.5*	198.5*	198.5*	198.5*
PERSONAL SERVICES	18,666,373	19,041,250	20,140,676	20,140,676	20,139	20,139	20,139	20,139
OTHER CURRENT EXPENSES EQUIPMENT	78,513,384 114,937	89,963,384 10,800	89,010,482	89,010,482	89,010	89,010	89,010	89,010
TOTAL OPERATING COST	97,294,694	109,015,434	109,151,158	109,151,158	109,149	109,149	109,149	109,149
BY MEANS OF FINANCING				!				
DI MEANS OF TIMANOING	198.50*	198.50*	198.50*	198.50*	198.5*	198.5*	198.5*	198.5*
GENERAL FUND	73,268,683	82,539,423	82,685,947	82,685,947	82,684	82,684	82,684	82,684
SPECIAL FUND	22,382,981	24,832,981	24,832,981	24,832,981	24,833	24,833	24,833	24,833
	*	*	*	*	*	*	*	*
OTHER FED. FUNDS	1,643,030	1,643,030	1,632,230	1,632,230	1,632	1,632	1,632	1,632
TOTAL POSITIONS	198.50*	198.50*	198.50*	198.50*	198.50*	198.50*	198.50*	198.50*
TOTAL PROGRAM COST	97,294,694	109,015,434	109.151.158	109.151.158	109,149	109.149	109,149	109,149

PROGRAM ID: HTH420
PROGRAM STRUCTURE: 050301
PROGRAM TITLE: ADULT MENTAL HEALTH - OUTPATIENT

	FY	FY	FY	FY	FY	FY	FY	FY
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. % CONSUMERS AT A HIGH INTENSITY FUNCTIONAL LEVEL 2. % CONSUMERS AT A MODERATE INTENSITY FUNCTINL LEVEL 3. % OF CONSUMERS AT A LOW INTENSITY FUNCTIONAL LEVEL 4. PERCENTAGE OF CONSUMERS ARRESTED 5. PERCENTAGE OF CONSUMERS LIVING INDEPENDENTLY 6. PERCENTAGE OF CONSUMERS EMPLOYED 7. PERCENTAGE OF SATISFIED CONSUMERS	NO DATA NO DATA NO DATA 4 16 7 87	NO DATA NO DATA NO DATA NO DATA 4 16 7 87	0 0 0 0 4 16 7 85	0 0 0 4 16 7 85	0 0 0 4 16 7 85	0 0 0 4 16 7 85	0 0 0 4 16 7 85	0 0 0 4 16 7 85
PROGRAM TARGET GROUPS  1. NO. CONSUMERS W/SEVERE MENTAL ILLNESS NEEDG SVCS  2. NUMBER OF PERSONS WITH ACUTE MENTAL HEALTH CRISIS	25690	25800	25800	25900	26000	26200	26200	26200
	NO DATA	NO DATA	6800	6800	6800	6800	6800	6800
PROGRAM ACTIVITIES  1. NO. OF CONSUMERS SERVED: OUTPATIENT SERVICES  2. # CONSUMERS SERVED: ASSERTIVE COMMUNITY TRIMT SVS  3. NO. OF CONSUMERS SERVED: CLUBHOUSE REHAB SVCS  4. NUMBER OF NEW ADMISSIONS  5. NUMBER OF DISCHARGES  6. NUMBER OF INDIVIDUALS PLACED IN COMMUNITY HOUSING  7. NO. OF CONSUMERS SERVED: CRISIS INTERVENTION SVCS	NO DATA	3600	3600	3600	3600	3600	3600	3600
	533	0	0	0	0	0	0	0
	1012	1050	1000	1000	1000	1000	1000	1000
	NO DATA	NO DATA	3400	3400	3400	3400	3400	3400
	NO DATA	NO DATA	3300	3300	3300	3300	3300	3300
	NO DATA	NO DATA	370	370	370	370	370	370
	2436	3000	3000	3000	3000	3000	3000	3000
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES NON-REVENUE RECEIPTS TOTAL PROGRAM REVENUES	1,431	1,431	1,431	1,431	1,431	1,431	1,431	1,431
	25,409	25,409	25,409	25,409	25,409	25,409	25,409	25,409
	3	4	4	4	4	4	4	4
	26,843	26,844	26,844	26,844	26,844	26,844	26,844	26,844
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	26,843	26,844	26,844	26,844	26,844	26,844	26,844	26,844
	26,843	26,844	26,844	26,844	26,844	26,844	26,844	26,844

## A. Statement of Program Objective

Reduce the severity of disability due to mental illness through provision of community-based services including goal-oriented outpatient services, case management services, rehabilitation services, crisis intervention services, and community housing opportunities.

## B. Description of Request and Compliance with Section 37-68(1)(A)(B)

A request to reduce \$315,528 in each year of the biennium for a contract with the University of Hawaii for research, evaluation, and training services.

## C. Description of Activities Performed

Major activities carried out to achieve program effectiveness will continue to be performed by the Community Mental Health Centers (CMHCs), the Courts Branch, and purchase of service (POS) providers.

- Outpatient and Case Management Services An assessment/evaluation is performed for each person entering the mental health system and a treatment/recovery plan is prepared. Case management services assist people to achieve success in community living by providing linkages to appropriate programs.
- 2. Psychosocial Rehabilitation This program is designed to help a person learn to rehabilitate in the community. Research is showing that rehabilitation services are one of the cornerstones of effective community placement.
- 3. Residential Services A broad spectrum of housing options ranging from highly structured supervised facilities to totally independent residences and supported housing are continuing to be developed.
- 4. Treatment Services Four levels of treatment services are provided including inpatient services, specialized residential, intensive outpatient services, and outpatient services.
- Crisis Services These services ensure that individuals experiencing acute and severe mental health problems receive prompt, intensive, and focused services designed to

- assess, stabilize, and provide linkage to other services as appropriate.
- Accreditation The Adult Mental Health Division (AMHD) has developed policies and
  procedures in keeping with national standards that results in the systems and standards of
  care that are consistent with best practices and Commission on Accreditation of
  Rehabilitation Facilities (CARF) requirements.
- Billing AMHD is participating in the State's QUEST program and is also actively
  pursing all other sources of revenue from third parties including the Medicaid
  Rehabilitation Option (MRO).
- Management Information Systems Client and service data are maintained for evaluating and improving services. The Avatar system will allow for the maintenance of electronic medical records.

#### D. Statement of Key Policies Pursued

- 1. Improve the accessibility, availability, and acceptability of services.
- Ensure and oversee the provision of quality comprehensive mental health services and the maintenance of national accreditation of the CMHCs.
- Continued input from community and other human service deliverers in identifying needs and problems and working together to solve identified problems.
- Increasing collaboration and contractual agreements with the private sector and providers of needed, specialized services.
- 5. Continued utilization of revenue generated to refine programs and services provided.

## E. Identification of Important Program Relationships

- 1. The AMHD maintained interagency relationships with the Hawaii Public Housing Authority, the Department of Public Safety, and the University of Hawaii.
- 2. The Department of Human Services (DHS) to facilitate referrals, placements, and

- services of eligible persons under the QUEST program and the MRO.
- 3. General hospitals licensed as psychiatric inpatient facilities in relation to the appropriate kinds of patients to be cared for by each.
- 4. Circuit, District, and Family Courts relative to the admission and discharge of involuntary patients and transfers to correctional facilities.
- 5. National accreditation organizations relative to the accreditation of mental health services and increasing ability to recoup revenues.

## F. Description of Major External Trends Affecting the Program

- 1. Fiscal constraints at the Federal and State levels.
- 2. The influence of the Federal government in shaping the direction of programs and public policy including the President's New Freedom Commission and Community Mental Health Services Block Grant requirements.
- 3. Policies and procedures established within other agencies.
- 4. Fluctuations in the supply of appropriately qualified technical, professional, and paraprofessional staff relative to mental health services.
- 5. Impact of the "ice" epidemic on persons with severe and persistent mental illness.

## G. Discussion of Cost, Effectiveness, and Program Size Data

Discrepancies between the previously planned levels and those actually achieved reflected in the cost data are due to the previous expansion of community-based services being purchased to support individuals discharged and diverted from Hawaii State Hospital (HSH). There is also a continuing need for contracted inpatient services for individuals transferred or diverted from HSH.

## H. Discussion of Program Revenue

Active pursuit of all sources of revenue for the provision of mental health services is

continuing including implementation of the MRO. The conversion of the current Behavioral Health Information System (BHIS) to Avatar will result in a more efficient and effective billing and collection process for the CMHCs.

#### I. Summary of Analysis Performed

None.

## J. Further Considerations

There is a continuing need to maintain consumers in the community by supplying adequate services to completely support the consumers. The cost of appropriate residential, community support, and structured psychosocial rehabilitation services cost considerably less that the cost of hospitalization.

PROGRAM ID:

**HTH430** 

PROGRAM STRUCTURE NO. 050302

PROGRAM TITLE:

ADULT MENTAL HEALTH - INPATIENT

ing the control of th		IN DOLLA	RS	!		IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
CURRENT LEASE PAYMENTS OTHER CURRENT EXPENSES MOTOR VEHICLE	76,796 32,260	76,796 32,260	76,796 32,260	76,796 32,260	77 32	77 <b>32</b>	77 32	77 32
TOTAL CURRENT LEASE PAYMENTS C	109,056	109,056	109,056	109,056	109	109	109	109
				• • • • • • • • • • • • • • • • • • •				
BY MEANS OF FINANCING GENERAL FUND	109,056	109,056	109,056	109,056	109	109	109	109
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES EQUIPMENT	613.50* 29,885,607 22,344,776 1,403,825	639.00* 30,873,645 22,680,649 595,995	639.00* 33,901,694 22,032,804	639.00* 33,901,694 22,032,804	639.0* 33,902 22,032	639.0* 33,902 22,032	639.0* 33,902 22,032	639.0 33,902 22,032
TOTAL OPERATING COST	53,634,208	54,150,289	55,934,498	55,934,498	55,934	55,934 ======	55,934 	55,934
BY MEANS OF FINANCING GENERAL FUND	613.50* 53,634,208	639.00* 54,150,289	639.00* 55,934,498	639.00* 55,934,498	639.0* 55,934	639.0* 55,934	639.0* 55,934	639.0 55,934
CAPITAL IMPROVEMENT COSTS DESIGN CONSTRUCTION	350,000 3,828,000	1,000 2,999,000	258,000 1,813,000	416,000 3,546,000				
TOTAL CAPITAL EXPENDITURES	4,178,000	3,000,000	2,071,000	3,962,000			=========	
						· · · · · · · · · · · · · · · · · · ·		
BY MEANS OF FINANCING G.O. BONDS	4,178,000	3,000,000	2,071,000	3,962,000				
TOTAL POSITIONS TOTAL PROGRAM COST	613.50* 57,921,264	639.00* 57,259,345	639.00* 58,114,554	639.00* 60,005,554	639.00* 56,043	639.00* 56,043	639.00* 56,043	639.00* 56,043

STATE OF HAWAII

PROGRAM ID: PROGRAM STRUCTURE: PROGRAM TITLE: HTH430 D50302 ADULT MENTAL HEALTH - INPATIENT

	FY							
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. % OF PATIENTS DISCHARGED TO COMMUNITY-BASED SVCS 2. % TREATED/DISCH W/CONTIN COMMUN TENURE > 12 MONS	66	66	90	90	90	90	90	90
	8	20	20	20	20	20	20	20
PROGRAM TARGET GROUPS  1. NUMBER OF PENAL COMMITMENT PATIENTS 2. NUMBER OF CIVIL COMMITMENT PATIENTS	215	200	190	190	190	190	190	190
	11	15	15	15	15	15	15	15
PROGRAM ACTIVITIES  1. NUMBER OF NEW ADMISSIONS 2. NUMBER OF READMISSIONS 3. NUMBER OF DISCHARGES 4. NUMBER OF FORENSIC/COURT-ORDERED ADMISSIONS 5. NO. OF PATIENTS RECEIVING SVCS IN THE REHAB UNITS	99	100	150	150	150	150	150	150
	127	110	60	60	60	60	60	60
	238	220	200	200	200	200	200	200
	222	220	210	210	210	210	210	210
	380	380	400	400	400	400	400	400
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	<u>127</u>	127 127	127 127	127 127	127 127	127 127	127 127	127 127
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) GENERAL FUNDS TOTAL PROGRAM REVENUES	127	127 127	127 127	127 127	127 127	127 127	127 127	127 127

## A. Statement of Program Objective(s)

Reduce the severity of disability due to severe mental illness through provision of inpatient care with the ultimate goal of community reintegration.

## B. Description of Request and Compliance with Section 37-68(1)(A)(B)

- 1. A request to reduce \$105,067 in each year of the biennium for a contract with the University of Hawaii for psychosocial rehabilitation services.
- 2. A request to add \$2,071,000 in the first year of the biennium and \$3,962,000 in the second year of the biennium for repairs and improvements to various Hawaii State Hospital (HSH) buildings.

#### C. Description of Activities Performed

Inpatient Psychiatric Care and Interdisciplinary Services
 Provides safe, integrated, evidence-based psychiatric and interdisciplinary treatment and rehabilitation to individuals suffering from mental illness and co-occurring disorders.
 Interdisciplinary services include psychiatric, medical, psychological, nursing, social work, occupational therapy, recreational therapy, psychosocial rehabilitation, laboratory, pharmacy, and pastoral care.

## 2. Support Services

Provides support services to the hospital including the Business Office, Personnel or Human Resources, Telecommunications and Information Management, Volunteer Services, Dietary Services, and Plant Technology and Safety.

#### 3. Quality Management Services

Provides quality management services including performance improvement, risk assessment and management, staff development and education, medical records, and patients' rights.

4. Maintenance of Department of Health licensing and Joint Commission accreditation.

## D. Statement of Key Policies Pursued

- Admit only those individuals that are court ordered or severe and persistently mentally ill (SPMI) needing an acute hospital level of care and place other referrals in a safe and appropriate, less restrictive setting.
- 2. Discharge patients to the least restrictive environments as soon as possible.
- 3. Collaborate with the Community Mental Health Centers and other community treatment teams to provide services across the continuum of care for the patients served by HSH.
- 4. Continue to attempt to control costs through census management, process improvement, and efficiency in operations.

#### E. Identification of Important Program Relationships

- 1. Circuit, District and Family Courts are important referral sources of SPMI patients appropriate for placement within the continuum of care provided by the Adult Mental Health Division (AMHD) and specifically for inpatient psychiatric admission.
- 2. Community general hospitals with inpatient psychiatric facilities and psychiatric hospitals are also important referral sources of patients for appropriate placement within the continuum of care provided by AMHD and possibly to inpatient services at HSH.
- The Department of Public Safety cares for some SPMI patients while they are being adjudicated. HSH coordinates and collaborates with and accepts patients through court commitment and as transfers.

#### F. Description of Major External Trends Affecting the Program

Healthcare and pharmacy costs continue to increase and keeping pace with those increasing costs are essential. The shortage of nurses and physicians could impact the program into the future. Utilities and other costs also continue to rise.

## G. Discussion of Cost, Effectiveness, and Program Size Data

Costs to operate the hospital will continue to rise with the economic influences currently being experienced. Allocated resources will continue to decline as hospital costs increase.

## H. Discussion of Program Revenue

The continued implementation by AMHD and the revising of Hawaii Administrative Rules on HSH's daily rate will assist in revenue collection.

## I. Summary of Analysis Performed

None.

## J. Further Considerations

The anticipated opening of the State Operated Specialized Residential Program on hospital grounds will offer additional options for some long-term inpatients to move to a lesser restrictive environment.

REPORT P61-A

PROGRAM ID:

HTH440

PROGRAM STRUCTURE NO. 050303

PROGRAM TITLE:

ALCOHOL & DRUG ABUSE

		IN DOLLA	RS			IN THOU	SANDS	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	28.00*	28.00*	28.00*	28.00*	28.0*	28.0*	28.0*	28.0*
PERSONAL SERVICES	1,755,209	2,085,771	2,229,498	2,229,498	2,230	2,230	2,230	2,230
OTHER CURRENT EXPENSES	28,691,507	31,934,297	31,533,127	31,533,127	31,533	31,533	31,533	31,533
TOTAL OPERATING COST	30,446,716	34,020,068	33,762,625	33,762,625	33,763	33,763	33,763	33,763
	***********							
BY MEANS OF FINANCING				1				
	22.00*	22.00*	22.00*	22.00*	22.0*	22.0*	22.0*	22.0*
GENERAL FUND	19,286,849	20,110,201	18,752,758	19,402,758	19,403	19,403	19,403	19,403
SPECIAL FUND	300,000	300,000	1,400,000	750,000	750	750	750	750
	6.00*	6.00*	6.00*	6.00*	6.0*	6.0*	6.0*	6.0*
OTHER FED. FUNDS	10,859,867	13,609,867	13,609,867	13,609,867	13,610	13,610	13,610	13,610
TOTAL POSITIONS	28.00*	28.00*	28.00*	28.00*	28.00*	28.00*	28.00*	28.00*
TOTAL PROGRAM COST	30,446,716	34,020,068	33,762,625	33,762,625	33,763	33,763	33,763	33,763

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:
HTH440
50303
ALCOHOL AND DRUG ABUSE

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
MEASURES OF EFFECTIVENESS								
1. PERCENT OF CLIENTS COMPLETING TREATMENT 2. PERCENT OF NATIVE HAWAIIANS COMPLETING TREATMENT 3. % OF INJECTION DRUG USERS COMPLETING TREATMENT 4. % CLIENTS REDUCED FREQ OF USE AT 6 MO FRM TRTMT 5. % CLIENTS RPTNG NO NEW ARRESTS AT 6 MON FROM TRTMT 6. % OF TRAINING ATTENDEES REPTG TRNG WAS BENEFICIAL 7. #SPEC TRTMT FACIL & THERAPEUTIC LIVG PROGS ACCRED 8. #SUBS AB COUNCLIN SUP/PREVNTN SPEC/PROG ADM CERT 9. NO. OF INDIVIDUALS COMPLETING PREVENTION SERVICES 10. % RANDMLY SLCTD VENDORS NOT SELL TOBACCO TO MINORS	49 45 25 75 87 99 20 45 69000	49 45 25 75 87 99 20 45 69000	49 45 26 75 90 99 25 45 130000	49 45 26 75 90 99 25 45 130000	49 45 26 75 90 99 25 45 130000	49 45 26 75 90 99 25 45 130000	49 45 26 75 90 99 25 45 130000	49 45 26 75 90 99 25 45 130000 86
PROGRAM TARGET GROUPS								
1. PERSONS IN NEED OF SUBSTANCE ABUSE TREATMENT 2. CONTRACTED PREVNTION & TREATMENT SERVICE PROVIDERS 3. TRAINEES RECEIVING CONTINUING EDUC APPROVED UNITS 4. # SPEC TRTMT FACIL/THERAP LIVG PROGS REQURG ACCRED 5. # PERSONS APPLYG FOR CERTIF AS SUBST AB PROFESSNLS 6. NUMBER OF INDIVIDUALS NEEDING PREVENTION SERVICES 7. TOBACCO VENDORS	106242 25 525 20 200 320000 1036	106242 25 525 20 200 320000 1036	93294 43 1000 11 350 320000 1022	93294 43 1000 11 350 320000 1022	93294 43 1000 11 350 320000 1022	93294 43 1000 11 350 320000 1022	93294 43 1000 11 350 320000 1022	93294 43 1000 11 350 320000 1022
PROGRAM ACTIVITIES								
1. NUMBER OF PERSONS RECEIVING TREATMENT 2. #SUBST ABUSE PRV/TRTMT CONTRACTS REQUIRG MONITORG 3. #PERS RECVG SUBST ABUSE TRNG CONT ED APPRVD UNITS 4. #SPEC TRT FACIL/THERP LIVG PRGS RVIEWD FOR ACCRD 5. #APPLICS REVWD ELIG FOR SUB AB PROFSSNL CERTIFCTN 6. #SUB AB COUN/CLIN SUP/PRV SPC/PRG ADM EXAMS CNDCT 7. NUMBER OF INDIVIDUALS RECEIVING PREVENTION SVCS 8. #TOBACC VENDORS COMPL W/LAWS PROHB SALE TO MINORS	6000 116 2247 20 200 200 69500 221	6000 116 2247 20 200 200 69500 221	5450 126 1200 25 420 100 144000 890	5450 126 1200 25 420 100 144000 890	5450 126 1200 25 420 100 144000 890	5450 126 1200 25 420 100 144000 890	5450 126 1200 25 420 100 144000 890	5450 126 1200 25 420 100 144000 890
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)								
REVENUE FROM OTHER AGENCIES: FEDERAL FINES, FORFEITS AND PENALTIES	7,985 629	12,741 450	12,434 450	12,356 450	9,684 450	7,591 450	7,591 450	7,591 450
TOTAL PROGRAM REVENUES	8,614	13,191	12,884	12,806	10,134	8,041	8,041	8,041
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) SPECIAL FUNDS	8,614	13,191	12,884	12,806	10,134	8,041	8,041	8,041
TOTAL PROGRAM REVENUES	8,614	13,191	12,884	12,806	10,134	8,041	8,041	8,041

HTH 440: ALCOHOL AND DRUG ABUSE

## A. Statement of Program Objectives

To provide leadership in reducing the severity and disabling effects related to alcohol and other drug use, abuse, and dependence by ensuring the implementation of current needs assessments, policy formulation, and quality assurance functions and by assuring an effective, accessible, public/private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health enhancing choices regarding the use of alcohol and other drugs.

#### B. Description of Request and Compliance with Section 37-68(1)(A)(B)

- Continue FY 09 Executive Restriction for a reduction in purchase of services (0.00/-200,000A; 0.00/-200,000A).
- Decrease the general fund base budget (0.00/-1,100,000A; 0.00/-450,000A) with a concomitant increase
  to the ceiling for the Drug Demand Reduction Assessments Special Fund (DDRASF) (0.00/1,100,000B;
  0.00/450,000B).

#### C. Description of Activities Performed

Major activities include a wide range of adult and adolescent substance abuse prevention and treatment services that are provided by private, non-profit substance abuse agencies which respond to the State's procurement for services pursuant to Chapter 103F, *Hawaii Revised Statutes*.

Substance abuse <u>treatment</u> services involve addressing addiction and relapse issues to prevent or interrupt the dependence and relapse cycle. Structured continuing aftercare services are provided to maintain treatment gains and to continue the client's program of change to achieve a drug-free lifestyle by affecting the physical, psychological, social, familial, and spiritual aspects of one's life. Treatment services include adult residential, intensive outpatient, non-medical residential detoxification, methadone maintenance, adolescent community and school-based outpatient services. Populations of particular emphasis continue to be pregnant women, parenting women with children, adolescents, injection drug users, Native Hawaiians, and adult criminal iustice offenders.

Substance abuse <u>prevention</u> is the promotion of constructive lifestyles and norms that discourage alcohol and other drug use and the development of social and physical environments that facilitate drug-free lifestyles. Prevention is achieved through the application of multiple strategies: it is an ongoing process that must relate to each emerging generation. Substance abuse prevention efforts also seek to reduce risk factors or to enhance protective factors in the individual/peer, family, school, and community domains.

Other activities include developing requests for proposals, processing contracts, monitoring of service delivery, fiscal management, evaluating outcomes, and providing technical assistance to service provider agencies. Training services include development, implementation and updating of a statewide substance abuse workforce development training plan, completion of training assessments annually, and the development of training sites and curricula.

#### D. Statement of Key Policies Pursued

- Improve the service capacity (accessibility and availability) of the state to adequately address the various needs of communities regarding substance abuse treatment and prevention services.
- Ensure and oversee the provision of effective, efficient and comprehensive substance abuse services throughout the State.
- Continue to improve data collection systems to ensure accurate collection and analysis of program and contract data to better assess measures of effectiveness and other service outcomes.
- 4. Leverage additional resources to support needed substance abuse services statewide.
- Expand substance abuse counselor certification efforts to meet the evolving workforce development needs of the state.
- Continue to sponsor a range of program evaluation, needs assessment, and research efforts to maintain a current understanding of community needs and problems.
- Develop contractual or collaborative agreements with other public and private sector agencies to improve the coordination and efficient use of limited resources to support needed substance abuse services.

## E. Identification of Important Program Relationships

- Other State agencies—Departments of Human Services, Education, Public Safety, and Attorney General; State Procurement Office; and the University of Hawaii system.
- 2. County agencies—Hawaii, Kauai, Maui, and City and County of Honolulu.
- 3. Private health and social service agencies that provide substance abuse prevention and treatment services.
- Federal agencies—U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA); and U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP).

#### F. Description of Major External Trends Affecting the Program

Major trends affecting the program include a significant national economic recession combined with a corresponding reduction in state revenues which will alter accustomed patterns of living (unemployment, home foreclosures, homelessness, and bankruptcies) which will lead to increased emotional stress on individuals and families resulting in a greater demand for alcohol and substance abuse services; increased availability of drugs, including marijuana and "ice" or crystal methamphetamine; increase numbers of drug exposed infants; risk of HIV infection among substance abusing populations; escalating per-capita fatality rates due to alcohol-related traffic accidents (Hawaii is among the top three states nationally with the highest fatality rates in 2006); increase state and federal focus on accountability outcome objective monitoring; and the federal government's growing influence in shaping the direction of substance abuse programs and services within the state based on national public policy direction.

#### G. Discussion of Cost, Effectiveness, and Program Size Data

The Alcohol and Drug Abuse Division (ADAD) has implemented performance based treatment contracts to increase accountability for funds and to ensure that funds are used for face-to-face substance abuse treatment by agencies.

The Management Information System enables ADAD to link fiscal, client data, and contract information. The data from this system provides ADAD with profiles of clients in treatment, as well as the outcome of treatment services received. Data collected include client admission, discharge and follow-up information that are submitted by contracted treatment agencies for each client receiving treatment services. Six months after the client has been discharged from treatment services information is gathered that assesses general treatment outcomes. These measures include percentage of clients employed in school or training; percentage of clients with no new arrests; percentage of clients with no substance use; percentage of clients with no hospitalization; percentage of clients with no need for additional treatment; percentage of clients with no emergency room visits; percentage of clients with no psychological distress since discharge; and percentage of clients who are in stable living arrangements.

Adolescent and adult substance abuse treatment programs achieved significant results during FY 2008. For example, six-month follow-ups were completed for a sample of 1,274 adolescents. Outcomes for the sample are as follows: 97.8% were employed, or enrolled in school or vocational training; 91.4% had no arrests since discharge; 49.2% had no substance use in 30 days prior to follow-up; 87.2% had no new substance abuse treatment; 96.9% had no hospitalizations; 93.5% had no emergency room visits; 76.2% had no psychological distress since discharge; and 97.6% were in stable living arrangements. Likewise, six-month follow-ups were completed for sample of 1,273 adults. Outcomes for the sample are as follows: 60.0% were employed, or enrolled in school or vocational training; 91.7% had no arrests since discharge; 79.4% had no substance use in 30 days prior to follow-up; 74.6% had no new substance abuse treatment; 91.6% had no hospitalizations; 90.6% had no emergency room visits; 50.9% participated in self-help group (NA, AA, etc.) activities; 85.4% had no psychological distress since discharge; and 80.3% were in stable living arrangements.

Assessments continue to document higher service levels needed in comparison to current funding levels. The 2004 Hawaii Adult Household Survey findings indicate that over 85,000 adults in Hawaii are in need of treatment. In 2008, ADAD funded treatment for approximately 3,200 adults. The 2003 Hawaii Student Alcohol and Drug Use Survey findings indicate that 0.5% of 6th graders, 3.1% of 8th graders, 10.5% of 10th graders, and 16.3% of 12th graders—or approximately 7,800 students statewide—meet the criteria for needing alcohol and/or drug treatment. In 2008, ADAD funded treatment for approximately 2,100 students in grades 6 through 12 who met the criteria for needing substance abuse treatment.

#### H. Discussion of Program Revenues

It is anticipated that formula federal allocations received from the Substance Abuse Prevention and Treatment (SAPT) Grant (at \$7.1 million) for substance abuse prevention and treatment services, and OJJDP funding (at \$350,000) for the enforcement of underage drinking laws (EUDL) will continue near current levels.

In addition, time-limited, discretionary federal grants have been awarded as follows: 1) a three year \$2.75 million Access to Recovery Grant to provide vouchers for substance abuse recovery support services primarily to parents and guardians of families in the Child Welfare Services system; 2) a five year \$2.1 million for the Strategic Prevention Framework - State Incentive Grant which requires systematic assessment of prevention needs based on epidemiological data, building prevention capacity, strategically planning for and implementing effective community prevention programs, policies and practices and evaluating efforts for outcomes; and 3) a three year \$350,000 for EUDL grant to support activities in law enforcement, public education programs, and policy development for

enhancing efforts to prohibit sales of alcoholic beverages to minors (defined as individuals under 21 years of age) and the consumption of alcoholic beverages by minors serving in the United States Air Force.

#### I. Summary of Analysis Performed - None.

#### J. Further Considerations

The proposed general fund reductions and corresponding DDRASF ceiling increase pose several challenges for ADAD. Funds deposited into the DDRASF are a fluctuating source of revenue, as deposits are determined by the number of alcohol- and drug-related cases that are processed during the year and the assessments collected by the court system. Supporting core substance abuse prevention and treatment services with a variable, unpredictable funding source seriously risks ADAD's ability to maintain needed programs and services statewide. Also note that the enabling statutes state that the DDRASF shall be used to <a href="supplement">supplement</a> "drug treatment and other demand reduction programs."

It is also important to note that the SAPT Block Grant, which provides approximately \$7.1 million per year to the State, requires ADAD to maintain a minimum level of State expenditures in order to comply with federal maintenance of effort (MOE) requirements. ADAD has not included any special or grant in aid funds in calculating the MOE requirement due to the fluctuating and variable nature of these types of funds. Including these funds in the calculation would be problematic as it would then require ADAD to guarantee a higher level of State funding in order to maintain compliance with the SAPT Block Grant. Reducing the general fund base may put the State out of compliance with the MOE requirement during FY 2010. The MOE requirement is based on an average of the past two years of general fund expenditures in providing substance abuse services across the State. In FY 2010, ADAD's MOE requirement will be \$19,457,240. If ADAD's general fund allotment is reduced by \$1,100,000, the State could be out of compliance by approximately \$447,039 which could result in a reduction in federal funds.

The proposal for the FB 09-11 budget will eliminate resources intended to move aggressively to plan, coordinate, and implement various programs and services to address the growing "driving under the influence" (DUI) problem within the State. Hawaii is among the top three states nationally with the highest DUI fatality rates in 2006. It is anticipated that at the end of 2008, the number of Oahu DUI arrests will likely reach a nine-year high.

Another alternative to consider, if resources are needed to offset the State's anticipated budget shortfall, would be to transfer excess revenues from the DDRASF to the State treasury rather than reducing the Division's general fund appropriation. This would avoid jeopardizing MOE compliance with current federal grant programs.

On a national level, Congress continues to reduce funding allocated amounts to the State, by both SAMHSA and OJJDP. Requiring set-asides and the implementation of various service specific initiatives has also contributed to the reduced flexibility of the federal grant programs.

PROGRAM ID:

**HTH460** 

PROGRAM STRUCTURE NO. 050304

PROGRAM TITLE:

CHILD & ADOLESCENT MENTAL HEALTH

		IN DOLLA	RS					
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	210.50*	210.50*	210.50*	210.50*	210.5*	210.5*	210.5*	210.5*
PERSONAL SERVICES	13,360,555	13,320,007	14,206,527	14,206,527	14,207	14,207	14,207	14,207
OTHER CURRENT EXPENSES EQUIPMENT	55,164,949 31,500	55,176,991 31,500	54,389,349	54,389,349	54,389	54,389	54,389	54,389
TOTAL OPERATING COST	68,557,004	68,528,498	68,595,876	68,595,876	68,596	68,596	68,596	68,596
				,				
BY MEANS OF FINANCING				1				
	193.50*	193.50*	193.50*	193.50*	193.5*	193.5*	193.5*	193. <i>5</i> *
GENERAL FUND	44,103,749	45,063,201	44,979,932	44,979,932	44,980	44,980	44,980	44,980
	17.00*	17.00*	17.00*	17.00*¦	17.0*	17.0*	17.0*	17.0*
SPECIAL FUND	21,897,278	18,636,965	18,770,719	18,770,719	18,771	18,771	18,771	18,771
	*	*	*	*	*	*	*	×
OTHER FED. FUNDS	2,555,977	2,568,019	2,568,019	2,568,019	2,568	2,568	2,568	2,568
	*	*	*	*	*	*	*	*
INTERDEPT. TRANSFER		2,260,313	2,277,206	2,277,206	2,277	2,277	2,277	2,277
OTAL POSITIONS	210.50*	210.50*	210.50*	210.50*	210.50*	210.50*	210.50*	210.50*
OTAL PROGRAM COST	68,557,004	68,528,498	68,595,876	68,595,876	68,596	68,596	68,596	68,596

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH460
50304
CHILD AND ADOLESCENT MENTAL HEALTH

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
MEASURES OF EFFECTIVENESS	· · · · · · · · · · · · · · · · · · ·							
1. PERCENT OF YOUTHS ADMITTED TO RESIDENTIAL PROGRAMS 2. AVE LENGTH STAY (DAYS) CHDRNYOUTH IN RESDNTL PRGM 3. % REGIS YOUTHS SHOWNG IMPRVMT BY CAFAS OR CBCL 4. % OF DIRECT SVC EXP FOR WHICH FED REIMB WERE RECVD 5. PERCENT OF YOUTH UNSERVED FOR MORE THAN 30 DAYS 6. % YOUTHS WISVC MISMATCHES FOR MORE THAN 30 DAYS 7. % COMPLEX INTNL REVIEWS ACHIEVE PERFMCE RATING 85% 8. PERCENT OF PURCHASE-OF-SERVICE PROGRAMS MONITORED 9. NO. HRS DEV TO STAFF TRNG/DEV IN EVIDENCE-BASD SVC 10. HRS TRNG/DEV OF OUTSDE PROV IN EVIDENCE-BASED SVC	15.9 152 63 3.3 0 0.3 100 100 160 252	15 207 66 6.6 0 0 85 100 400 400	15 170 67 6 NA 1 100 100 380 350	15 170 67 6 NA 1 100 100 380 350	15 170 67 6 NA 1 100 100 380 350	15 170 67 6 NA 1 100 100 380 350	15 170 67 6 NA 1 100 100 380 350	15 170 67 6 NA 1 100 100 380 350
PROGRAM TARGET GROUPS								
<ol> <li># CHRN/YOUTH IDENTIF UNDER IND W/DISAB ACT/SEC 504</li> <li># CHDRN IDENTIFIED BY CAMHD AS QUALIF FOR HI QUEST</li> <li>NO. OF CHILDREN AND YOUTH IN RESIDENTIAL PROGRAMS</li> <li># CHDRN/YOUTH RESIDNG IN HI FROM 3 - 21 YEARS AGE</li> <li>NUMBER OF PURCHASE-OF-SERVICE PROGRAMS</li> </ol>	2006 1033 423 295566 34	2000 1255 500 313500 34	2000 1155 450 300000 35	2000 1155 450 300000 35	2000 1155 450 300000 35	2000 1155 450 300000 35	2000 1155 450 300000 35	2000 1155 450 300000 35
PROGRAM ACTIVITIES								
1. #CHDRN/YOUTH RECV SVCS IN HOSPITAL-BASED RES PROG 2. #CHRN/YOUTH RECV SVC NON-HOSPITAL-BASED RES PROG 3. #CHDRN/YOUTH RECVNG HOME & COMMUNITY BASED SVCS 4. TOTAL AMOUNT (IN 1000'S) BILLED FOR SVCS PROVIDED 5. #OF PURCHASE-OF-SERVICE PROGRAMS TO BE MONITORED 6. TOTAL NO. OF HOURS DEVOTED TO STAFF TRNG & DEVELOP 7. TOTAL NO. OF HOURS DEVOTED TO TRNG OUTSIDE PROVDRS	102 349 2376 49272 34 185.5 252	108 402 2230 48000 47 300 300	75 400 2300 44000 35 400 300	75 400 2300 44000 35 400 300	75 400 2300 44000 35 400 300	75 400 2300 44000 35 400 300	75 400 2300 44000 35 400 300	75 400 2300 44000 35 400 300
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)								
REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES	730 3,058 14,275	720 3,383 11,760	720 3,316 11,760	720 3,054 11,760	720 2,054 11,760	720 2,054 11,760	720 2,054 11,760	720 2,054 11,760
TOTAL PROGRAM REVENUES	18,063	15,863	15,796	15,534	14,534	14,534	14,534	14,534
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS)								
SPECIAL FUNDS TOTAL PROGRAM REVENUES	18,063	15,863	15,796	15,534	14,534	14,534	14,534	14,534
TOTAL PROGRAM REVENUES	18,063	15,863	15,796	15,534	14,534	14,534	14,534	14,534

## A. Statement of Program Objectives

To improve the emotional well-being of children and adolescents and to preserve and strengthen their families by assuring easy access to a child and adolescent-focused, family-centered community-based coordinated system of care that addresses the children's and adolescents' physical, social, emotional and other developmental needs within the least restrictive natural environment. To ensure that the child and adolescent mental health system provides timely and accessible mental health services, with a commitment to continuous monitoring and evaluation for effectiveness and efficiency.

## B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

A request to reduce funding for purchase of services by \$500,000 in FY 2010 and FY 2011 to address the department's share of its Executive Restriction.

#### C. Description of Activities Performed

Activities carried out to achieve program objectives are provided by eight branches and the central administrative office. The central office assures that the needed array of services is accessible to all eligible youth, and that these contracted services are safe, effective and provided as expected. The administration of the Division oversees contracts, service evaluation, provider relations and overall management of the system. The Clinical Services Office provides system leadership for managing the utilization of services, sets service standards, and disseminates the application of effective services, as supported by existing evidence, across the state. The Performance Management Office (PMO) oversees the overall performance of the service system, and quality of services. It implements the Division's credentialing, facility certification, and monitoring of provider agencies. The PMO also operates the Division's grievance system, sentinel events management system and oversees the Division Quality Assurance and Improvement Program. The Central Administrative Services manages personnel, accounting, and claims review processes. Staff in seven of the branches (Family Guidance Centers) facilitate the intake process, provide assessments and other direct services, provide intensive case management services, and procure necessary treatment services through the contracted provider network. Services are provided with the treatment goal of improving the emotional well being of the children or adolescents, while strengthening the family and the community's ability to support youth to be successful. Staff in the Family Court Liaison Branch provides risk-forharm screening, mental health assessments, and direct treatment services for adolescents entering the Detention Home or Hawaii Youth Correctional Facility. The Child and Adolescent Mental Health Division (CAMHD) operates as a Medicaid carve-out for youth who meet eligibility for CAMHD services because they are seriously emotionally and behaviorally disturbed.

## D. Statement of Key Policies Pursued

CAMHD maintains services under all applicable state and federal mandates. These requirements are also reflected in all contracts for service provision.

## E. <u>Identification of Important Program Relationships</u>

The Department of Education (DOE) and the CAMHD collaborate to provide a comprehensive system of education and behavioral and mental health supports and services to students who require those services to benefit from their educational opportunities.

The Department of Human Services and CAMHD collaborate to provide behavioral health services for QUEST and Medicaid Fee-For-Service youth determined to be in need of intensive mental health services.

CAMHD maintains purchase of service contracts with mental health providers statewide.

CAMHD has federal grant awards through The Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services. CAMHD collaborates with the Hawaii State Judiciary and the Office of Youth Services for indicated mental health services for youth.

## F. Description of Major External Trends Affecting the Program

Major trends factors affecting the program are: (1) social and economic conditions which create undue mental stress on families, making them less able to deal with their dependents and responsibilities resulting in an increased demand for mental health services; (2) the implementation of state legislation dealing with mental health (e.g. parity); (3) the availability of trained qualified mental health professionals; (4) the sustainability requirements of the Felix Consent Decree; (5) the Olmstead Decision; (6) criminal history

checks for employees and providers; (7) DOE and Department of Health's, via CAMHD, joint responsibility for children and adolescents in public school requiring mental health services to benefit from their education; (8) CAMHD operating requirements in order to meet the expectations of providing services as a Medicaid carve-out (9) provider costs and (10) the availability of program services to youth aged 18 through 20 because of federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) mandates.

#### G. Discussion of Cost, Effectiveness, and Program Size Data

Costs: In FY07, program costs were approximately \$60 million. In FY08, expenditures increased to over \$66 million. This increase was due to the growth in the population eligible for services in the program, and more youth accessing inpatient services for longer periods of time. These program costs include services paid through general funds, special funds, and federal grants. The FY09 program cost is estimated to be about \$68 million; another increase, based on the continuing growth in population, and CAMHD providing more types of services, including Acute Inpatient Hospitalization and outpatient services for Medicaid-eligible youth. Additionally, Med-Quest Division has indicated that CAMHD is also responsible for paying Emergency Room (ER) and transportation costs when Medicaid/CAMHD eligible youth are admitted to Acute Inpatient care via the ER. These additional costs will impact CAMHD's budget in FY2009. CAMHD is also dependent upon significant reimbursements from MedQUEST to meet expense projections during FY09.

Effectiveness: CAMHD continues to maintain comprehensive performance indicators that are published quarterly. The majority of performance goals have been consistently met or exceeded. Measures that do not meet targeted performance thresholds have required the implementation of improvement strategies.

Program size data: In the last quarter of FY08, there were 2183 youth registered in CAMHD, an increase of 6% over the same period in FY07. Year to year increases have been consistently experienced since less intensive services were transferred to the Department of Education in FY 2003 under their School-Based Behavioral Health program. There has been nearly a 10% growth in the population served on an annual basis since FY04.

#### H. Discussion of Program Revenue

The program receives revenue from Medicaid (Title XIX). These reimbursements during FY08 were approximately \$16 million. CAMHD expects this amount to be about \$6 million in FY09 due to a reconciliation cost reimbursement to Medicaid. In FY10, revenues are expected to be about \$11 million if there are no major changes to the array of service that are reimbursable, the population served, or changes at the Federal level.

## I. Summary of Analysis Performed

The program's evaluation does not support any changes in program services.

#### J. Further Considerations

None.

PROGRAM ID:

**HTH495** 

PROGRAM STRUCTURE NO. 050305

PROGRAM TITLE:

BEHAVIORAL HEALTH ADMINISTRATION

		IN DOLLA	KS	:		IN IHOUS	SANDS	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	68.50*	68.50*		66.50*	66.5*	66.5*	66.5*	66.5*
PERSONAL SERVICES	7,564,305	7,330,765	9,638,068	9,638,068	9,638	9,638	9,638	9,638
OTHER CURRENT EXPENSES EQUIPMENT	3,876,447 141,636	1,466,478 137,636	1,466,478	1,466,478	1,466	1,466	1,466	1,466
TOTAL OPERATING COST	11,582,388	8,934,879	11,104,546	11,104,546	11,104	11,104	11,104	11,104
				• • • • • • • • • • • • • • • • • • •				
BY MEANS OF FINANCING				+				
	68.50*	68.50*	66.50*	66.50*	66.5*	66.5*	66.5*	66.5*
GENERAL FUND	7,887,389	5,239,880	7,547,183	7,547,183	7,547	7,547	7,547	7,547
	*	*	*	*	*	*	*	*
OTHER FED. FUNDS	3,694,999	3,694,999	3,557,363	3,557,363	3,557	3,557	3,557	3,557
TOTAL POSITIONS	68.50*	68.50*	66.50*	66.50*	66.50*	66.50*	66.50*	66.50*
TOTAL PROGRAM COST	11,582,388	8,934,879	11,104,546	11,104,546	11,104	11,104	11,104	11,104

STATE OF HAWAII

PROGRAM ID: HTH495
PROGRAM STRUCTURE: DFOGRAM TITLE: BEHAVIORAL HEALTH ADMINISTRATION

	FY							
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. PERCENT OF PURCHASE-OF-SERVICE PROGRAMS MONITORED	70	70	100	100	100	100	100	100
PROGRAM TARGET GROUPS  1. RESIDENT POPULATION  2. NUMBER OF PERSONS IN NEED OF TREATMENT  3. NUMBER OF PURCHASE-OF-SERVICE PROGRAMS	1283700	1283700	1288500	1288500	1288500	1288500	1288500	1288500
	25690	25800	25800	25900	26000	26000	26200	26200
	57	57	50	50	50	50	50	50
PROGRAM ACTIVITIES  1. NO. OF PURCHASE-OF-SERVICE PROGRAMS TO BE MONITORD 2. TOTAL NO. OF HOURS DEVOTED TO STAFF TRNG/DEVELPMNT 3. TOTAL NO. OF HOURS DEVOTED TO TRNG OUTSIDE PROVDRS	40	40	40	40	40	40	40	40
	200	200	200	200	200	200	200	200
	100	100	100	100	100	100	100	100

#### A. Statement of Program Objective

To enhance program effectiveness and efficiency by formulating policies; directing operations and personnel; and providing other administrative services in the areas of Adult Mental Health inpatient and outpatient services.

## B. Description of Request and Compliance with Section 37-68(A)(B)

None.

## C. Description of Activities Performed

Major activities carried out in this program focus on the formulation and implementation of policies; planning; identification of needs; programming, allocation and distribution of resources; overall management of programs and facilities; administration of the approved expenditure plan, budgeting, standards, quality assurance, monitoring, information systems, training, and staff development in job-related skills; and the provision of consultation, technical assistance and logistical support on a statewide basis.

## D. Statement of Key Policies Pursued

- 1. The expansion and enhancement of non-institutional alternatives to institutional care considering both treatment and domiciliary needs of consumers.
- Maintenance of input from residents, consumers, and other public and private human services providers with an emphasis on the community as the primary locus of treatment to improve efforts in meeting community needs and the service delivery system.
- 3. Facilitation of contractual agreements with other public and private sectors to maximize the utilization of existing resources.
- 4. Reduce the criminalization of persons with severe and persistent mental illness (SPMI) by supporting mental health courts and by providing jail diversion

programs statewide.

5. National accreditation of outpatient and inpatient services for adults with SPMI. Accreditation serves to raise the levels of efficiency and effectiveness in the management and operations of programs and facilities, services, care, staff performance, and the service delivery system towards improving the accessibility, availability, and acceptability of services and facilities to residents.

## E. <u>Identification of Important Program Relationships</u>

- State Agencies: (a) Department of Human Services relative to Medicaid and QUEST coverage of psychiatric services, social services entitlement, financial assistance, and vocational rehabilitation services (b) Department of Public Safety relative to the care of adults with SPMI while they are being adjudicated (c) University of Hawaii relative to the provision of direct services, joint training of mental health professionals and paraprofessionals, and research in the area of mental health.
- National accreditation organizations relative to the accreditation of outpatient and inpatient services.
- General Hospitals licensed as psychiatric facilities concerned with licensure and monitoring of standards.

## F. Description of Major External Trends Affecting the Program

- 1. Fiscal constraints at the Federal and State levels.
- 2. The cost effectiveness of programs and services.
- 3. The availability of technical, professional and paraprofessional manpower.

- 4. The Federal government's ongoing influence in shaping the direction, priorities, and policy of public programs including the President's New Freedom Commission and Community Mental Health Services Block Grant requirements.
- Natural disasters and severe economic and social conditions create emotional stress on families and individuals resulting in an increased demand for mental health services.

## G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

The Adult Mental Health Division will have increased responsibilities during the coming biennium because of the projected reduction of community-based services provided by contracted providers.

## H. <u>Discussion of Program Revenue</u>

Revenues will continue to be collected primarily from Medicaid, Medicare, and QUEST.

## I. Summary of Analysis Performed

None.

## J. Further Considerations

There is a need to maintain consumers in the community by expanding and enhancing community-based behavioral health services. The cost of appropriate residential and other community-based services is considerably less than the cost of hospitalization.

PROGRAM ID:

HTH610

PROGRAM STRUCTURE NO. 050401

PROGRAM TITLE:

ENVIRONMENTAL HEALTH SERVICES

		IN DOLLAF	RS			IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	155.00*	155.00*	155.00*	155.00*	155.0*	155.0*	155.0*	155.0
PERSONAL SERVICES	7,545,003	7,462,224	7,477,565	7,477,565	7,478	7,478	7,478	7,478
OTHER CURRENT EXPENSES	1,217,046			1,217,046	1,217	1,217	1,217	1,217
EQUIPMENT	228,200	228,200		228,200	228	228	228	228
TOTAL OPERATING COST	8,990,249	8,907,470	8,922,811	8,922,811	8,923	8,923	8,923	8,923
BY MEANS OF FINANCING				*				
	139.00*	139.00*	139.00*	139.00*	139.0*	139.0*	139.0*	139.0
GENERAL FUND	7,305,280	7,222,501	7,194,144	7,194,144	7,194	7,194	7,194	7,194
	8.00*	8.00*	8.00*	8.00*	8.0*	8.0*	8.0*	8.0
SPECIAL FUND	991,853	991,853	1,026,909	1,026,909	1,027	1,027	1,027	1,027
	6.00*	6.00*	6.00*	6.00*	6.0*	6.0*	6.0*	6.0
OTHER FED. FUNDS	594,682	594.682	594,682	594,682	595	595	595	595
	2.00*	2.00*	2.00*	2.00*	2.0*	2.0*	2.0*	2.0
INTERDEPT. TRANSFER	98,434	98,434	107,076	107,076	107	107	107	107
				į				
TOTAL POSITIONS	155.00*	155.00*	155.00*	155.00*	155.00*	155.00*	155.00*	155.00×
TOTAL PROGRAM COST	8,990,249	8,907,470	8,922,811	8,922,811	8,923	8,923	8,923	8,923

## STATE OF HAWAII

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH610
505401
ENVIRONMENTAL HEALTH SERVICES

	FY	FY	FY	FY	FY	FY	FY	FY
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS								
1. % OF SCHOOLS IN COMPLIANCE WITH AHERA (NRIAQ) 2. PERCENT OF MOSQUITO BREEDING SITES TREATED (VC) 3. % SMALL MAMMALS TRAPPED W/VECTOR-BORNE DIS (VC) 4. % OF SERVICE REQUESTS RESPONDED WITHIN 2 DAYS (VC) 5. % OF FOOD PRODUCTS ANALYZED NOT ADULTERATED (F&D) 6. % OF FOOD ESTABLISHMENTS THAT MEET STANDARDS (SAN) 7. % COMPLAINTS RESPND TO W/IN 2 DAYS OF RECPT (SAN) 8. PERCENT OF NOISE PERMITS IN COMPLIANCE (N&R) 9. % OF RADIATION FACILITIES IN COMPLIANCE (N&R) 10. % FOOD MANUFACTURERS/DISTRIBUTORS W/IN RULES (F&D)	96	95	95	95	95	95	95	95
	100	100	100	100	100	100	100	100
	5	5	5	5	5	5	5	5
	82	80	80	80	80	80	80	80
	95	95	95	95	95	95	95	95
	100	100	100	100	100	100	100	100
	83	83	83	83	83	83	83	83
	99	99	99	99	99	99	99	99
	39	50	50	50	50	50	50	50
PROGRAM TARGET GROUPS  1. # SCHLS REQUIRED TO IMPLMT ASBESTOS MGT PLAN (N&R) 2. NUMBER OF MOSQUITO BREEDING SITES (VC) 3. NO. SMALL MAMMALS TRAPPED FOR TESTING PURPOSE (VC) 4. NO. OF VECTOR SERVICE REQUESTS INVESTIGATED (VC) 5. NUMBER OF FOOD PRODUCTS SAMPLED (F&D) 6. NUMBER OF FOOD SERVICE ESTABLISHMENTS (SAN) 7. NUMBER OF SANITATION OF COMPLAINTS RECEIVED (SAN) 8. NUMBER OF NOISE PERMITS ISSUED (N&R) 9. NUMBER OF RADIATION FACILITIES (N&R) 10. NUMBER OF FOOD MANUFACTURERS/DISTRIBUTORS (F&D)	440 3563 1052 3355 481 9745 1848 539 1115	440 3563 1000 3500 450 10000 2000 400 1120 1200	440 3563 1000 3500 450 10000 2000 400 1120 1200	440 3563 1000 3500 450 10000 2000 400 1120 1200	440 3563 1000 3500 450 10000 2000 400 1120 1200	440 3563 1000 3500 450 10000 2000 400 1120	440 3563 1000 3500 450 1000 2000 400 1120	440 3563 1000 3500 450 1000 2000 400 1120 1200
PROGRAM ACTIVITIES  1. NUMBER OF INSPECTIONS OF AHERA SOURCES (N&R)  2. NO. MOSQUITO BREEDING SITES INSPECTD & TREATD (VC)  3. NO. SMALL MAMMALS SURVEYS FOR TESTING PURPOSE (VC)  4. NUMBER OF SERVICE REQUESTS AND INSPECTIONS (VC)  5. NUMBER OF FOOD PRODUCTS ANALYZED (F&D)  6. NO. OF FOOD SERVICE ESTABLISHMENTS INSPECTED (SAN)  7. NO. OF SANITATION COMPLAINTS INVESTIGATED (SAN)  8. NUMBER OF NOISE PERMIT INSPECTIONS (N&R)  9. NO. OF INSPECTIONS OF RADIATION FACILITIES (N&R)  10. NO. FOOD MANUFACTURERS/DISTRIBUTORS INSPECTED (F&D)	91	90	90	90	90	90	90	90
	3563	3563	3563	3563	3563	3563	3563	3563
	525	600	600	600	600	600	600	600
	10640	10000	7000	7000	7000	7000	7000	7000
	481	500	500	500	500	500	500	500
	9385	10000	10000	10000	10000	10000	10000	10000
	1840	1650	1650	1650	1650	1650	1650	1650
	545	600	600	600	600	600	600	600
	106	180	180	180	180	180	180	180
	1355	1400	1400	1400	1400	1400	1400	1400
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) LICENSES, PERMITS, AND FEES REVENUES FROM THE USE OF MONEY AND PROPERTY REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES FINES, FORFEITS AND PENALTIES NON-REVENUE RECEIPTS TOTAL PROGRAM REVENUES	529 6 446 108 12 98	531 6 446 183 12 98	528 6 445 109 12	531 6 445 109 12 98	531 6 445 109 12 98	531 6 445 109 12 98	531 6 445 109 12 91	531 6 445 109 12 91 1,194
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS ALL OTHER FUNDS TOTAL PROGRAM REVENUES	10	10	10	10	10	10	10	10
	1,089	1,166	1,088	1,091	1,091	1,091	1,091	1,091
	100	100	2	100	100	100	93	93
	1,199	1,276	1,100	1,201	1,201	1,201	1,194	1,194

#### A. Statement of Program Objectives

To protect the community from food borne illnesses, unsanitary or hazardous conditions, adulterated or misbranded products, and vector-borne diseases; and to control noise, radiation, and indoor air quality.

## B. Description of Request and Compliance with Section 37-68(1)(A)(B)

The Environmental Health Services Division has no requests at this time. The budget submitted is to continue current level of services.

## C. Description of Activities Performed

- Research and Standards: Conduct research in the areas of biological control methods
  for vectors, new methods for assuring the safety and sanitation of public health issues
  and new and improved methods and equipment for sampling and inspection activities,
  and develop and maintain program standards and rules reflecting the results of the
  research.
- Inspection: Perform inspections of food service, food establishments, radiation
  resources, chronic vector breeding sources, public and private dwellings, mortuaries,
  cemeteries, etc., to assure they do not degrade the public health or the environment of
  the community.
- 3. Measurement and Surveillance: Monitor the population trend of major vectors on a Statewide basis; perform surveillance of food, nonprescription drugs, therapeutic devices and cosmetics to assure that they are safe and/or effective and properly labeled; and collect and test samples of shellfish and other marine life for compliance with standards of purity and quality.
- 4. Abatement: Control the breeding areas through the application of chemicals or biological predators and follow up on inspection and surveillance items that may pose a threat to public health or the environment.
- Review: Review plans for public buildings to assure conformance with sanitation and ventilation requirements.
- Public Participation: Provide programs and information to the public to increase their awareness of the control of litter and their understanding of the Environmental Health Services rules.
- 7. Emergency Response for Radiological Emergencies.

## D. Statement of Key Policies Pursued

The program focuses on the highest risks to public health and prevention. It has been the practice to utilize a public information and educational approach to motivate the public and operators towards compliance with applicable standards and regulations. Within this context, technical consultations and advice are made and given to public and private agencies or individuals regarding the correction of existing or potentially hazardous conditions and practices. These approaches are coupled with surveillance and enforcement programs for the optimum use of available resources.

#### E. Identification of Important Program Relationships

#### 1. Intradepartmental

The Laboratories Division of the Department of Health provides analyses of many of the samples collected by the programs. The Disease Outbreak Control Division is a partner in dealing with vector and food borne disease outbreaks.

#### 2. Interagency

General guidelines are established by the U.S. Food and Drug Administration and the U.S. Public Health Service. From these guidelines the programs promulgate Administrative Rules. Close coordination is maintained with the Department of Agriculture in the areas of pesticides and the labeling of food, drug, and cosmetics. U. S. EPA provides grants and requirements related to lead and asbestos. Radiological regulation and disaster preparedness involve working with many state and federal agencies, including State Civil Defense.

#### F. Description of Major External Trends Affecting the Program

Attention to environmental and public health issues in both Congress and Federal agencies creates an ever-changing atmosphere for the program. Another major force affecting the program is the growing sophistication and awareness of the general public in recent, high profile cases of emerging pathogens, food-borne illnesses, and other diseases pathogens introduced to Hawaii from abroad which results in a greater demand for the programs to maintain their capabilities for research and planning vigilance and timely response when necessary. Terrorism has played a significant role in raising the level of focus for the environmental health programs; requiring the development of plans and capabilities to prevent and respond to acts of terrorism, including biological, chemical and radiological.

#### G. Discussion of Cost, Effectiveness, and Program Size Data

Funding reductions and restrictions have resulted in a curtailment of certain services. The Program has prioritized all services and those with the greatest potential hazard to public health are given the highest priority.

#### H. <u>Discussion of Program Revenue</u>

Program revenues are generated from fees collected for registration, examination, and licensing of embalmers, funeral establishments, tattoo artists, tattoo shops, Registered Sanitarians, permits for food establishments, temporary food establishments, and plan review; and from fines for violations of State Administrative Rules. The receipts from these activities are deposited into the Environmental Health Education Fund with any amount in excess of \$300,000 on June 30<sup>th</sup> of each year deposited into the State General Fund.

Operating funds are also received from the State Department of Transportation to finance rodent control services at the Honolulu Harbor Complex. Occasionally, federal funds are made available by the U.S. Food and Drug Administration and the U.S. Environmental Protection Agency for special studies. Homeland Security provided grants for radiation response equipment.

Act 311/SLH 1998 established the Noise, Radiation, and Indoor Air Quality Special Fund into which fees for permits and variances per Chapters 342F-14, 466J-4, and 466J-5 effective July 1, 1998.

## I. Summary of Analysis Performed

Not applicable.

## J. Further Consideration

None

PROGRAM ID:

HTH710

PROGRAM STRUCTURE NO. 050402

PROGRAM TITLE:

STATE LABORATORY SERVICES

	IN THOUSANDS						
FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
86.00* 4,029,596 2,578,495 792,500	86.00* 4,075,942 3,080,732 491,112	87.00* 4,443,546 2,895,660	87.00* 4,443,546 2,895,660	87.0* 4,443 2,896	87.0* 4,443 2,896	87.0* 4,443 2,896	87.0* 4,443 2,896
7,400,591	7,647,786	7,339,206	7,339,206	7,339	7,339	7,339	7,339
86.00*	86.00*	87.00*	87.00*	87.0*	87.0*	87.0*	87.0*
7,400,591	7,164,453	6,855,873	6,855,873	6,856	6,856	6,856	6,856
	483,333	483,333	483,333	483	483	483	483
86.00* 7,400,591	86.00* 7,647,786	87.00* 7,339,206	87.00* 7,339,206	87.00* 7,339	87.00* 7,339	87.00* 7,339	87.00* 7,339
	86.00* 4,029,596 2,578,495 792,500 7,400,591 86.00* 7,400,591 *	FY2007-08 FY2008-09  86.00* 86.00* 4,029,596 4,075,942 2,578,495 3,080,732 792,500 491,112  7,400,591 7,647,786  86.00* 86.00* 7,400,591 7,164,453 * 483,333  86.00* 86.00*	FY2007-08 FY2008-09 FY2009-10  86.00* 86.00* 87.00* 4,029,596 4,075,942 4,443,546 2,578,495 3,080,732 2,895,660 792,500 491,112  7,400,591 7,647,786 7,339,206	86.00* 86.00* 87.00* 87.00* 87.00* 4,029,596 4,075,942 4,443,546 4,443,546 2,578,495 3,080,732 2,895,660 2,895,660 792,500 491,112 7,400,591 7,647,786 7,339,206 7,339,206 7,400,591 7,164,453 6,855,873 6,855,873 * * * * * * * * * * * * * * * * * * *	FY2007-08         FY2008-09         FY2009-10         FY2010-11         FY2011-12           86.00*         86.00*         87.00*         87.00*         87.00*           4,029,596         4,075,942         4,443,546         4,443,546         4,443           2,578,495         3,080,732         2,895,660         2,895,660         2,896           792,500         491,112         7,400,591         7,647,786         7,339,206         7,339,206         7,339           86.00*         86.00*         87.00*         87.00*         87.00*           7,400,591         7,164,453         6,855,873         6,855,873         6,856           *         *         *         *         *           483,333         483,333         483,333         483           86.00*         86.00*         87.00*         87.00*         87.00*	FY2007-08         FY2008-09         FY2009-10         FY2010-11         FY2011-12         FY2012-13           86.00*         86.00*         87.00*         87.00*         87.0*         87.0*           4,029,596         4,075,942         4,443,546         4,443,546         4,443         4,443           2,578,495         3,080,732         2,895,660         2,895,660         2,896         2,896           792,500         491,112         7,400,591         7,647,786         7,339,206         7,339,206         7,339         7,339           7,400,591         7,164,453         6,855,873         6,856         6,856         6,856           *         *         *         *         *         *           483,333         483,333         483,333         483         483           86.00*         86.00*         87.00*         87.00*         87.00*         87.00*	FY2007-08         FY2008-09         FY2009-10         FY2010-11         FY2011-12         FY2012-13         FY2013-14           86.00*         86.00*         87.00*         87.00*         87.0*         87.0*         87.0*           4,029,596         4,075,942         4,443,546         4,443,546         4,443         4,443         4,443           2,578,495         3,080,732         2,895,660         2,895,660         2,896         2,896         2,896           792,500         491,112         7,400,591         7,647,786         7,339,206         7,339,206         7,339         7,339         7,339           86.00*         86.00*         87.00*         87.00*         87.0*         87.0*         87.0*           483,333         483,333         483,333         483,333         483         483         483           86.00*         86.00*         87.00*         87.00*         87.00*         87.00*         87.00*         87.00*

STATE OF HAWAII

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH710
50402
STATE LABORATORY SERVICES

	FY	FY	FY	FY	FY	FY	FY	FY
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. PERCENTAGE OF FALSE POSITIVE LAB TEST RESULTS 2. PERCENTAGE OF FALSE NEGATIVE LAB TEST RESULTS 3. PERCENTAGE OF REQUESTS FOR SERVICES MET 4. % PROFICIENCY TESTS PERFRMD MEETG PROFICIENCY STDS	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0
	99	99	99	99	99	99	99	99
	100	100	100	100	100	100	100	100
PROGRAM TARGET GROUPS  1. OTHER DEPARTMENT OF HEALTH PROGRAMS  2. OTHER GOVERNMENT AGENCIES  3. NO. CLINICAL LAB PERSONNEL APPLYING FOR LICENSURE  4. NUMBER OF LICENSED CLINICAL LABORATORY PERSONNEL  5. NO. OF LABS PERFORMING CLINICAL DIAGNOSTIC TESTING  6. NO. OF LABS PERFORMING SUBSTANCE ABUSE TESTING  7. NO. OF LABS PERFORMING ENVIRONMENTAL TESTING	9	9	9	9	9	9	9	9
	7	7	7	7	7	7	7	7
	90	90	90	90	90	90	90	90
	1425	1425	1500	1500	1500	1500	1500	1500
	764	764	764	764	764	764	764	764
	2	3	2	2	2	2	2	2
	19	19	19	19	19	19	19	19
PROGRAM ACTIVITIES  1. DRINKING WATER (WORK TIME UNITS)  2. WATER POLLUTION (WORK TIME UNITS)  3. SEXUALLY TRANSMITTED DISEASE (WORK TIME UNITS)  4. TUBERCULOSIS (WORK TIME UNITS)  5. OTHER COMMUNICABLE DISEASES (WORK TIME UNITS)  6. FOOD AND DRUGS (WORK TIME UNITS)  7. AIR POLLUTION (WORK TIME UNITS)  8. NUMBER OF LABORATORY INSPECTIONS  9. NO. OF LAB PERSONNEL RECEIVING FORMAL LAB TRAINING	492161	492161	493000	493000	493000	493000	493000	493000
	342852	342852	343000	343000	343000	343000	343000	343000
	240663	240663	241000	241000	241000	241000	241000	241000
	4758	4758	80000	160000	160000	160000	160000	160000
	635207	635207	636000	636000	636000	636000	636000	636000
	372493	372493	373000	373000	373000	373000	373000	373000
	658080	658080	658000	658000	658000	658000	658000	658000
	17	17	17	17	17	17	17	17
	107	107	107	107	107	107	107	107
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) LICENSES, PERMITS, AND FEES REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	483 6 489	35 483 6 524	483 6 489	483 6 489	483 6 489	483 6 489	483 6 489	483 6 489
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	<u>489</u>	524	489	489	489	489	489	489
	489	524	489	489	489	489	489	489

#### A. Statement of Program Objective

To enhance the effectiveness of other health programs by providing specialized laboratory services to health care facilities and departmental programs and to various official agencies.

## B. Description of Requests and Compliance With Section 37-68(1)(A)(B)

1. Trade off/transfer permanent position count from HTH 100/DG (1.00/0A; 1.00/0A)

## C. <u>Description of Activities Performed</u>

- Clinical Microbiological and Serological Analyses: Provide reference and diagnostic laboratory services to Department of Health programs.
- Environmental, chemical and microbiological analyses: Provide analytical services to the DOH Safe Drinking Water, Clean Water, Wastewater, Sanitation, Food and Drug and Clean Air Branches.
- 3. Provide microbiological analysis of food implicated in food borne disease outbreaks for the DOH Disease Outbreak Control Division.
- 4. Provide training for microbiologists, chemists, and laboratory assistants. In collaboration with the National Laboratory Training Network of the Association of Public Health Laboratories, the Centers for Disease Control and Prevention and the Public Health Training Network, assess and coordinate offering of laboratory training in bioterrorism, clinical and environmental analyses. In collaboration with the University of Hawaii and the Kapiolani Community College, provide laboratory training for students enrolled in graduate school, medical technology, and medical laboratory technician programs. The Environmental Health Analytical Services Branch Environmental Microbiology Section provides one-on-one training on drinking water and water pollution analyses to private and other government laboratories.

- 5. Provide consultative services to the Environmental Health programs in formulating amendments to Hawaii Administrative Rules relating to potable water and water quality standards.
- 6. Certify laboratories that perform compliance work for the analyses of drinking water, shellfish, and milk; and drinking water purveyors that perform compliance tests for residual chlorine and turbidity.
- 7. License clinical laboratory personnel, substance abuse testing laboratories, medical review officers, and personnel performing blood alcohol measurements and the presence of drugs for driving under the influence (DUI) activities.
- 8. Administer the statutory statewide program relating to chemical testing of blood alcohol concentrations and the presence of drugs for DUI cases.
- Adopt, amend and enforce regulatory provisions of Hawaii Administrative Rules relating to the licensing of clinical laboratory personnel; licensing of substance abuse laboratories and medical review officers; potable water testing laboratories; and DUI.

#### D. Statement of Key Policies Pursued

Within existing resources, the laboratory utilizes approved methodologies and corresponding stringent quality assurance practices to insure the accuracy of the results of laboratory tests that are performed in support of the various DOH programs.

## E. Identification of Important Program Relationships

In addition to DOH programs, the program maintains professional relationships with the federal Environmental Protection Agency, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Federal Bureau of Investigation, the U. S. Army and U.S. Navy, the Agency for Toxic Substances and Disease Registry, Association of Public Health Laboratories, Food and Drug Administration, U.S. Department of Agriculture, National Animal Health Laboratory Network, State public

health laboratories, clinical and environmental laboratories located in Hawaii, the Water Resources and Research Committee, all county Police and Fire Departments and Prosecutor's Office and the state Departments of the Attorney General, Agriculture, Land and Natural Resources, and Transportation.

## F. Description of Major External Trends Affecting the Program

This program is impacted by the federal Clinical Laboratory Improvement Amendments, Select Agent Rule, Safe Drinking Water Act, the Clean Air Act, the Clean Water Act, the National Pollutant Discharge Elimination System Act and the Occupational Safety and Health Act. The federal laws generally phase in new regulatory requirements which require additional program resources.

## G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

The State Laboratories Division relocated its entire operation in the summer of 1995 to the laboratory facility in Pearl City. There are neighbor island laboratories located in Hilo, Hawaii; Wailuku, Maui; and Lihue, Kauai. In spite of continuous budget pressure and limitations on authorized personnel and equipment, the State Laboratory Services program is committed to meeting the environmental and clinical analytical needs of the State of Hawaii.

#### H. Discussion of Program Revenue

The State Lab Division (SLD) is highly dependant on external sources of funding such as federal grants, cooperative agreements, or reimbursement arrangements to meet testing obligations. These sources of funds are often managed by other programs supported by SLD. The SLD has budget allocations for facility operations and maintenance, however, volatility in electrical costs or unscheduled repairs can have a significant adverse impact.

## I. Summary of Analysis Performed

Annualized analytical services for microbial contaminants and/or 200 chemicals in 500,000 air samples, 5,500 recreational water samples, 300 food products, 5,000 drinking water samples, 60,000 human clinical specimens, 3,500 bird samples, and 2,000 mosquito pools.

#### J. Further Considerations

None

PROGRAM ID:

HTH720

PROGRAM STRUCTURE NO. 050403

PROGRAM TITLE:

**HEALTH CARE ASSURANCE** 

		IN THOUSANDS						
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	39.80*	39.80*	39.80*	39.80*	39.8*	39.8*	39.8*	39.8*
PERSONAL SERVICES	2,551,880	2,580,778	2,767,459	2,767,459	2,768	2,768	2,768	2,768
OTHER CURRENT EXPENSES EQUIPMENT	1,902,056			1,873,640	1,875	1,875	1,875	1,875
TOTAL OPERATING COST	4,453,936	4,453,218	4,643,999	4,641,099	4,643	4,643	4,643	4,643
				1				
BY MEANS OF FINANCING		•		1				
	21.70*	21.70*	21.70*	21.70*	21.7*	21.7*	21.7*	21.7*
GENERAL FUND	1,561,290	1,554,805	1,677,680	1,677,680	1,678	1,678	1,678	1,678
SPECIAL FUND	406,000	406,000	406,000	406,000	406	406	406	406
	18.10*	18.10*	18.10*	18.10*	18.1*	18.1*	18.1*	18.1*
OTHER FED. FUNDS	1,583,243	1,632,224	1,662,415	1,659,515	1,660	1,660	1,660	1,660
	*	*	*	*	*	*	*	*
INTERDEPT. TRANSFER	903,403	860,189	897,904	897,904	899	899	899	899
TOTAL POSITIONS	39.80*	39.80*	39.80*	39.80*	39.80*	39.80*	39.80*	39.80*
TOTAL PROGRAM COST	4,453,936	4,453,218	4,643,999	4,641,099	4,643	4,643	4,643	4,643

STATE OF HAWAII

PROGRAM ID: HTH720
PROGRAM STRUCTURE: 050403
PROGRAM TITLE: HEALTH CARE ASSURANCE

	FY							
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS								
<ol> <li>% FACILITIES MTG MINIMUM LICENSURE/CERTIFICATN REQ</li> <li>% OF UNLICENSED SETTINGS BROUGHT INTO COMPLIANCE</li> <li>% COMPLAINTS INVESTGTD &amp; CORRECTV ACTION COMPLETED</li> </ol>	100	100	100	100	100	100	100	100
	100	100	100	100	100	100	100	100
	100	100	100	100	100	100	100	100
PROGRAM TARGET GROUPS								
1. HOSPITALS 2. NURSING HOMES (SKILLED AND INTERMEDIATE) 3. ADULT RESIDENTIAL CARE HOMES (ARCH)/EXPANDED 4. SPECIAL TREATMENT FAC/ITHERAPEUTIC LIVING PROGRAMS 5. INTERMEDIATE CARE FACILITIES/MENTALLY RETARDED 6. CLINICAL LABORATORIES 7. END STAGE RENAL DIALYSIS UNITS 8. DEVELOPMENTAL DISABILITIES DOMICILIARY HOMES 9. HOME HEALTH AGENCIES 10. ASSISTED LIVING FACILITIES	32	32	32	32	32	32	32	32
	50	50	50	50	50	50	50	50
	486	486	486	486	486	486	486	486
	62	62	62	62	62	62	62	62
	18	18	18	18	18	18	18	18
	807	807	807	807	807	807	807	807
	21	21	21	21	21	21	21	21
	38	38	38	38	38	38	38	38
	19	19	19	19	19	19	19	19
PROGRAM ACTIVITIES  1. HOSPITAL LICENSING AND COMPLIANCE VISITS 2. NURSING HOMES LICENSING AND COMPLIANCE VISITS 3. ARCH/EXPANDED LICENSING AND COMPLIANCE VISITS 4. SPEC TREATMT FAC/THERA LVG PROG LIC & COMPL VISITS 5. ICF/MENTALLY RETARDD LICENSING & COMPLIANCE VISITS 6. CLINICAL LABS LICENSING & COMPLIANCE VISITS 7. ASSTD LIVG FACILTIES LICENSING & COMPLIANCE VISITS 8. DD DOMICILIARY HOMES LICENSING & COMPLIANCE VISITS 9. HOME HEALTH AGENCIES LICENSING & COMPLIANCE VISITS 10. ENFORCEMENT ACTIVITIES FOR UNLICENSED FACIL & SVCS	17	19	19	19	19	19	19	19
	163	163	163	163	163	163	163	163
	972	972	972	972	972	972	972	972
	62	62	62	62	62	62	62	62
	33	33	33	33	33	33	33	33
	60	57	57	57	57	57	57	57
	5	5	5	5	5	5	5	5
	38	38	38	38	38	38	38	38
	8	8	8	8	8	8	8	8
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL FINES. FORFEITS AND PENALTIES	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889
	5	1	1	1	1	1	1	1
TOTAL PROGRAM REVENUES	1,894	1,890	1,890	1,890	1,890	1,890	1,890	1,890
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS	5	1	1	1	1	1	1	1
	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889
TOTAL PROGRAM REVENUES	1,894	1,890	1,890	1,890	1,890	1,890	1,890	1,890

## A. Statement of Program Objectives

To establish and enforce minimum standards to assure the health, welfare, and safety of people in health care facilities and services.

## B. <u>Description of Requests and Compliance with section 37-68(1)(A)(B)</u>

The budget includes the following additions:

- 1. Federally funded Information Technology Specialist (ITS): Establish a new temporary ITS position for the Office of Health Care Assurance (OHCA), Medicare Section, to provide technical support and guidance in operating the State MDS and OASIS data systems, ASPEN suite of products (ACO, ASE, ACTS, AEM, and AST), OSCAR system, encryption policies, standard system client requirements, and emergency preparedness electronic tracking. This position will perform data processing functions that are essential in meeting the contractual obligation of the Section 1864 Agreement of the Social Security Act between the OHCA (as the State Survey Agency) and the Centers for Medicare & Medicaid Services (CMS) in assuring minimum quality standards for health care providers, suppliers and clinical laboratories. The OHCA Medicare Section currently does not have any ITS position to maintain and monitor the computer/server system and equipment integrated with the national CMS data system. This position is also directly responsible for maintaining the tablet computers and software necessary for the professional staff to complete mandatory survey activity for healthcare facilities and clinical laboratories. This position is federally funded (0.00/67,906N; 0.00/67,906N).
- 2. <u>Change in Means of Financing for the Information Technology Specialist IV (ITS) position:</u> The federally funded Earmark Grant under the Office of Health Care Assurance requests a change in the means of financing for the ITS position from 50% Medicare (federal funds)/50% grant funded to 100% grant funded. This position is dedicated full time to the Earmark Grant from the Department of Labor and Industrial Relations (DLIR) through an Interdepartmental Transfer (U-fund) (0.00/-37,715N; 0.00/-37,715N), (0.00/37,715U; 0.00/37,715U).

## C. <u>Description of Activities Performed</u>

The OHCA promulgates/amends/updates and implements mandatory State licensing rules for health care facilities and programs including community and residential care settings; conducts on-site inspections to determine compliance with state laws and regulations; is responsible for the implementation of the Centers for Medicare & Medicaid Services (CMS) contract to do the survey and certification activities based on Federal regulations for the purpose of determining compliance for participation in the Medicare (Title XVIII) and/or Medicaid (Title XIX) reimbursement program; issues sanctions for non-compliance activities as appropriate; and responds and investigates all complaints relative to any of the above.

The Earmark Grant is aimed at increasing the number of and quality of certified nurse aides (CNA) in the State of Hawaii. CNAs are the front line workers in many of our licensed health care settings, including long term care facilities and acute care hospitals.

## D. Statement of Key Policies Pursued

The major program policy to be continued is to establish, implement, and enforce minimum standards to assure the health, welfare, quality of care, and safety of people in a variety of care settings.

## E. <u>Identification of Important Program Relationships</u>

Other programs which are related to this program:

- Ongoing annual contract with CMS to implement the Federal survey and certification program for both Hawaii and the Pacific area (American Samoa, Guam, and Saipan) to enable providers to participate in the Medicare/Medicaid reimbursement program.
- Ongoing agreement with the State Department of Human Services (DHS) to complete the Medicaid survey and certification program based on Federal requirements.
- 3. Cooperative working relationship with private providers in the community and various other State Departments.

## F. Description of Major External Trends Affecting the Program

- Improve training opportunities for CNAs to expand the numbers of CNAs and to ensure quality care.
- 2. Current fiscal constraints at both the federal and state level..

## G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

The new temporary Information Technology Specialist position is federally funded and the DPSA position is funded through the Earmark Grant.

## H. <u>Discussion of Program Revenue</u>

None

## I. <u>Summary of Analysis Performed</u>

None

## J. Further Considerations

Staff resources will enable OHCA to carry out more fully its responsibilities in an efficient and timely manner and do so in a way that will comply with CMS contractual obligations and Earmark Grant requirements.

PROGRAM ID:

**HTH906** 

PROGRAM STRUCTURE NO. 050501

PROGRAM TITLE:

STATE HEALTH PLANNING & DEVELOPMENT AGEN

		IN DOLLARS				IN THOUSANDS					
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15			
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES	8.00* 488,067 867,051	8.00* 488,067 303,051	8.00* 524,363 146,278	8.00* 524,363 146,278	8.0* 525 146	8.0* 525 146	8.0* 525 146	8.0* 525 146			
TOTAL OPERATING COST	1,355,118	791,118	670,641	670,641	671	671	671	671			
				·							
BY MEANS OF FINANCING											
	8.00*	8.00*	8.00*	8.00*	8.0*	8.0*	8.0*	8.0*			
GENERAL FUND	777,118	677,118	556,641	556,641	557	557	557	557			
SPECIAL FUND	578,000	114,000	114,000	114,000	114	114	114	114			
TOTAL POSITIONS	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*			
TOTAL PROGRAM COST	1,355,118	791,118	670,641	670,641	671	671	671	671			

STATE OF HAWAII

PROGRAM ID: PROGRAM STRUCTURE: 050501 STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
MEASURES OF EFFECTIVENESS								
<ol> <li>% CERTIF OF NEED APPL DOCUMNTNG RELATIN TO HSFP</li> <li>% OF CON APPL APPRVD BASED ON FINDGS REL TO HSFP</li> <li>% SHCC MTG TIME SPENT ON REVWNG/RECOM ON CON APPL</li> <li>% SHCC MEETG TIME SPENT ON REVWNG/REVSG/APPRV HSFP</li> <li>% SAC MTG TIME SPENT ON REVWNG/RECOM ON CON APPL</li> <li>% SAC MEETG TIME SPENT ON REVWNG/REVSG/APPRV HSFP</li> <li>PERCENT OF PREVIOUS YEAR'S CON APPROVALS MONITORED</li> <li>% HTH CARE FAC SUBM SEMI-ANN REPTS W/IN SPCFD TIME</li> <li>% USRS RATG SEMI-ANN REPTS AS HELPFUL/VERY HELPFUL</li> <li>NUMBER OF SPECIAL REPORTS PUBLISHED</li> </ol>	95 85 25 30 35 35 100 95 90 2	95 85 25 30 35 35 100 95 90	95 85 25 30 35 35 100 95 90 2	95 85 25 30 35 35 100 95 90	95 85 25 30 35 35 100 95 90	95 85 25 30 35 35 100 95 90	95 85 25 30 35 35 100 95 90 2	95 85 25 30 35 35 100 95 90 2
PROGRAM TARGET GROUPS								
1. ALL THE PEOPLE OF THE STATE OF HAWAII 2. VOLUNTEERS INVOLVED IN SHCC/SUB-AREA COUNCILS 3. PUBLIC AND PRIVATE HEALTH CARE SERVICE PROVIDERS 4. HEALTH CARE RESEARCHERS, DEVELOPERS AND ANALYSTS 5. HEALTH CARE FOCUSED ASSOCIATIONS	1275 140 85 35 12	1275 140 85 35 12	1275 140 85 35 12	1275 140 85 35 12	1275 140 85 35 12	1275 140 85 35 12	1275 140 85 35 12	1275 140 85 35 12
PROGRAM ACTIVITIES								
PLNNG, RESEARCH & REVIEW ACTIV (PROF PERSON DAYS)     DATA MANAGEMENT ACTIVITIES (PROF PERSON DAYS)     HSHCC & SAC SUPPORT & TRAINING (PROF PERSON DAYS)	790 212 225	790 212 225	790 212 225	790 212 225	790 212 225	790 212 225	790 212 225	790 2125 225
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS)								
REVENUES FROM THE USE OF MONEY AND PROPERTY CHARGES FOR CURRENT SERVICES	19 55	19 55	19 55	19 55	19 55	19 55	19 55	19 55 74
TOTAL PROGRAM REVENUES	74	74	74	74	74	74	74	74
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) SPECIAL FUNDS	74	74	74	74	74	74	74	74
TOTAL PROGRAM REVENUES	74	74	74	74	74	. 74	74	74

#### A. Statement of Program Objective(s)

To provide a statewide process that involves consumers and providers of health care in the development and implementation of a Health Services and Facilities Plan for the State of Hawaii which will promote equal access to quality health services at a reasonable cost.

## B. Description of Request and Compliance with Section 37-68(1)(A)(B)

Not applicable.

#### C. Description of Activities Performed

- 1. The Agency develops a State Health Services and Facilities Plan (HSFP) (HRS 323D-15) which is the foundation document upon which all of the Agency's activities are based. It is the result of private health providers, health systems, health plans, public health entities, independent health practitioners, consumers, business, and the non-profit sectors planning together for healthier communities.
- 2. The Agency is currently updating the HSFP. The changes will reflect the three separate components of a healthcare system: acute care, long-term care, and mental health services. In addition, this update will provide a more direct connection with the Certificate of Need (CON) program, which the Agency administrates.
- 3. The Agency and its subarea health planning councils perform health care needs assessments on a continuing basis across the State, based on the health status of the population and access, quality, and/or cost issues in the health care delivery system.
- 4. The Agency and its subarea health planning councils identify statewide and regional priorities.
- 5. The Agency administers the state's CON program for medical facilities and services in accordance with the HSFP by using the criteria set forth in the statute.
- The State Health Planning and Development Agency (Agency) collects, analyzes, and reports certain health industry data needed by developers and planners of health care services

in the State. The report features utilization data of inpatient and residential facilities (hospitals, long-term care, and special treatment facilities) statewide.

- 7. The Agency maintains a searchable database on its website to assist potential CON applicants and others who use the data.
- 8. The Agency responds to requests for studies by the Legislature.
- 9. The Agency participates on various task forces (SCR 150), committees, and workgroups (Hawaii Healthcare Workforce Collaborative, Psychiatric Access Collaborative, Hawaii Health Corps, Act 242, SLH 2008).

#### D. Statement of Key Policies Pursued

- HSFP for the State of Hawaii has both statewide and regional policy priorities. Priorities
  are determined through a collaborative effort entailing the health status of the population
  (statewide and regional); understanding the access, quality, and/or cost issues in the
  health care delivery system that impede health status improvements; and acknowledging
  changes in the environment, health care delivery system or other related situations.
- 2. HSFP is used as a guide for establishing the need for proposed health services and facilities requiring a CON. Institutional and community agencies use thresholds guides for the development of new, modified or expanded health care facilities and services.

#### E. Identification of Important Program Relationships

The Agency's HSFP is relevant to several state initiatives; however, the Agency's major customers are the private sector health providers and health plans, many of whom have integrated HSFP into their own strategic plans. Further, with the positioning of Hawaii as an international health and wellness destination, HSFP provides core market data to implement such an initiative.

#### F. Description of Major External Trends Affecting the Program

1. Changes in the health insurance reimbursement methods and trends in the delivery of

care; i.e., ambulatory care.

- 2. New developments in technology will shape future successes in medical research, pharmaceuticals, information and medical technology.
- National shortages in trained health professionals, physicians, nurses, and other nonphysician professionals.
- 4. The increasing rate of an aging population that will be older and ethnically diverse.
- 5. The continuing concerns regarding rural health care access and quality of care issues.
- 6. The development of Hawaii as the health and wellness center of the Pacific.

#### G. Discussion of Cost, Effectiveness, and Program Size Data

The Agency partners with the private sector in order to facilitate the health care industry's growth and development. The CON program allows the private sector to add what is needed at minimal adverse impact on the health care system.

From a cost effectiveness standpoint, the Agency, with a staff of eight, has produced meaningful outcomes for our second largest industry, health care. The Agency is able to manage the review time of CON applications within the statutorily required response time 100% of the time. Secondly, the Agency is updating HSFP through the development of collaborative arrangements with the private health industry, thereby keeping costs to a minimum.

Pursuant to HRS 323D-22, the subarea health planning councils: 1) reviewed data and trends; studied service utilization patters; listened to community and experts; made recommendations on the highest priorities for health services and resources development; and submitted the respective regional priorities to the Agency for inclusion in the HSFP; and 2) partnered with respective stakeholders to strategically address the priorities.

The Agency participated in the Hawaii Health Corp working group, and developed and maintains a searchable utilization data base on the web to assist the private sector in the development of CON applications.

#### H. Discussion of Program Revenue

In 1999, the Legislature required the Agency to assess fees as appropriate for the Certification program. The Legislature deleted \$29,000 in general funds from the budget and asked the Agency to make up the deficit in special fund revenue. For the first time in history, the Agency implemented a modest application fee for the Certification program. After going through the required administrative rule making process, the fee was implemented in July 2000. The Agency has been able to generate enough revenue to cover the special fund target set by the Legislature.

#### I. Summary of Analysis Performed

The HSFP represents an analysis of the health care industry in Haw aii based on outcomes and is the result of a partnership between communities statewide and the health care industry. The Plan is a document of continuous refinement and implementation.

#### J. Further Considerations

None.

# OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

HTH760

PROGRAM STRUCTURE NO. 050502

PROGRAM TITLE:

HEALTH STATUS MONITORING

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PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	29.00*	40.00*	40.00*	40.00*	40.0*	40.0*	40.0*	40.0*
PERSONAL SERVICES	1,602,043	1,581,995	1,700,273	1,684,525	1,686	1,686	1,686	1,686
OTHER CURRENT EXPENSES	944,547	774,047	848,789	864,537	865	865	865	865
EQUIPMENT	42,500	15,500	15,500	15,500	16	16	16	16
TOTAL OPERATING COST	2,589,090	2,371,542	2,564,562	2,564,562	2,567	2,567	2,567	2,567
				an in the state of ∎. The state of the stat				
BY MEANS OF FINANCING				-				
	26.00*	34.00*	34.00*	34.00*	34.0*	34.0*	34.0*	34.0*
GENERAL FUND	1,602,768	1,574,291	1,676,821	1,676,821	1,679	1,679	1,679	1,679
	*	*	*	*	*	*	*	, i
SPECIAL FUND	589,108	400,037	490,527	490,527	491	491	491	491
	3.00*	6.00*	6.00*	6.00*	6.0*	6.0*	6.0*	6.0*
OTHER FED. FUNDS	397,214	397,214	397,214	397,214	397	397	397	397
TOTAL POSITIONS	29.00*	40.00*	40.00*	40.00*	40.00*	40.00*	40.00*	40.00*
TOTAL PROGRAM COST	2,589,090	2,371,542	2,564,562	2,564,562	2,567	2,567	2,567	2,567

### PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:
HTH760
050502
HEALTH STATUS MONITORING

	FY							
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. % VITAL RECORDS ISSUED WITHIN 10 DAYS FROM REQUEST 2. % OF INTERVIEWS COMPLETED (SURVEY EFFICIENCY) 3. % TARGETED RESEARCH OR STATISTICS REPORTS DISSEM	69	70	70	70	70	70	70	70
	50	50	50	50	50	50	50	50
	80	80	80	80	80	80	80	80
PROGRAM TARGET GROUPS  1. DEPARTMENT OF HEALTH PROGRAMS 2. HAWAIIANS AND OTHER ETHNIC GROUPS 3. VITAL EVENT REGISTRANTS 4. RESIDENT NON-INSTITUTIONALIZED POPULATN HOUSEHOLDS 5. ADULT POPULATION 18 AND OVER	87	87	87	87	87	87	87	87
	1283388	1296222	1296222	1296222	1296222	1296222	1296222	1296222
	82662	84000	84000	84000	84000	84000	84000	84000
	439685	444082	444082	444082	444082	444082	444082	444082
	997623	1007599	1007599	1007599	1007599	1007599	1007599	1007599
PROGRAM ACTIVITIES  1. NO. OF MAJOR HEALTH STATISTICS REQUESTS FULFILLED  2. NUMBER OF HOUSEHOLDS INTERVIEWED IN HEALTH SURVEY  3. NUMBER OF VITAL EVENTS REGISTERED  4. NUMBER OF VITAL RECORD CERTIFICATES ISSUED  5. NO. NEW DATA SETS/STAT ITEMS DISSEM ELECTRONICALLY	90	90	90	90	90	90	90	90
	6000	6000	6000	6000	6000	6000	6000	6000
	55732	57000	57000	57000	57000	57000	57000	57000
	295459	295000	295000	295000	295000	295000	295000	295000
	6	6	6	6	6	6	6	6
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) LICENSES, PERMITS, AND FEES REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	903	901	901	901	901	901	901	901
	150	150	150	150	150	150	150	150
	1,047	1,055	1,055	1,055	1,055	1,055	1,055	1,055
	2,100	2,106	2,106	2,106	2,106	2,106	2,106	2,106
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS TOTAL PROGRAM REVENUES	1,700	1,706	1,706	1,706	1,706	1,706	1,706	1,706
	400	400	400	400	400	400	400	400
	2,100	2,106	2,106	2,106	2,106	2,106	2,106	2,106

#### A. Statement of Program Objectives

To collect, process, analyze and disseminate relevant, population-based data in a timely fashion in order to assess the health status of Hawaii's multi-ethnic population and to fulfill health statistical/legal requirements.

#### B. Description of Request and Compliance with Section 37-68(1)(A)(B)

Request to increase the special fund ceiling by \$90,490 in both years to provide for contractual services to automate the Marriage Registration System.

#### C. Description of Activities Performed

- Operate a statewide system of public health statistics including the collection, filing, amending, and issuing of certified copies of birth, death, fetal death, and marriage records and other related activities.
- 2. Provide research and statistical assistance to departmental programs in monitoring and assessing the health status of the state's population.
- Provide consultative services to departmental programs in the collection of timely and reliable health status information for planning, policy making, and program budgeting.
- Conduct a statewide health survey of households to collect chronic disease and health related information in relation to the demographic, geographic, and socioeconomic characteristics of the population.
- Disseminate health status monitoring information electronically via the Department's website.

#### D. Statement of Key Policies Pursued

- 100% registration of all births, deaths, and marriages, and issuance of certified copies upon request.
- 2. Timely and reliable population-based health status monitoring information for public health assessment, policy development, and quality assurance.

#### E. Identification of Important Program Relationships

The vital statistics program works closely with providers of birth and death information including hospitals and funeral homes and the medical examiners office. The Research and Analysis Program works closely with the Maternal Child Health, Immunization, birth defects, and Preventive Health and Health Services Block Grant Programs.

#### F. Description of Major External Trends Affecting the Program

- A cooperative program with the National Center for Health Statistics requiring current flow data from all 50 states to produce national indicators of health status.
- Demand by State and local agencies for small area (sub-islands) information on health status of residents.
- 3. Changes in federal government data standards including race classification and standard population age-adjustments for mortality estimation.

### G. <u>Discussion of Cost, Effectiveness, and Program Size Data</u>

- More detailed health survey statistical tabulations by county is possible by
  increasing sample size. Additional sources of public health data, such as health
  insurance payments information have been explored to meet the need for more
  accurate and in-depth information to meet the ever growing demand for health
  status data.
- 2. Fully automating the vital records system will result in:
  - a. On-line entry, checking and correction of current vital statistics certificate data through computer terminals.
  - Vital records will be accessible via indexes and certified copies will be prepared via computer.
  - Response time for verification of current vital record data will take five seconds, and printing of a certified copy by computer will take 30 seconds.

#### H. Discussion of Program Revenue

- Fees from the issuance of certified copies of birth, death, and marriage, certificates generated \$286,242 in Calendar Year 05 for the Vital Statistics Improvement Special Fund.
- Approximately \$200,000 per year is received in contracts and grants from the Federal government including the Social Security Administration and the National Center for Health Statistics, Centers for Disease Control and Prevention for the collection of vital statistics and for carrying out health surveys in support of public health programs.

#### I. Summary of Analysis Performed

The Hawaii population for the year 2005 was 1,270,000 which increased the demand for certified copies of vital events.

The Vital Statistics Improvement special fund was established to support the continued development of an automated vital records system for the Office. It was initially used to convert paper records dating back to 1908 and converting it into computer records. By the end of the year 2005, about 80% of all birth, death, and marriage records were been converted. The next step is to convert records prior to 1908 and to develop new software that will register and issue vital records via the Internet.

A realignment of the Office of Health Status Monitoring organization to be consistent with the conversion to an automated vital statistics system and to provide an increased focus on statistical quality control to improve productivity and efficiency in the assessment of the health status of Hawaii's population.

The current Health Survey sample size is designed to give only statewide estimates of health parameters. Most programs and agencies want data from small geographic areas, such as counties and islands. Additional funds need to be acquired to increase survey sample size for statistical analyses of communities.

#### J. Further Considerations

As the Electronic Death Registration System is fully implemented, the next program objective is to electronically register marriages and eliminate the transfer of paper records from these providers to the Central Office.

# OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

**HTH905** 

PROGRAM STRUCTURE NO. 050503

PROGRAM TITLE:

DEVELOPMENTAL DISABILITIES COUNCIL

		IN DOLLAR	S			IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	8.00*	8.00*	8.00*	8.00*	8.0*	8.0*	8.0*	8.0*
PERSONAL SERVICES	411,626	431,645	448,538	448,538	449	449	449	449
OTHER CURRENT EXPENSES	233,524	240,521	240,521	240,521	241	241	241	241
TOTAL OPERATING COST	645,150	672,166	689,059	689,059	690	690	690	690
								-
BY MEANS OF FINANCING				1				
	1.50*	1.50*	1.50*	1.50*	1.5*	1.5*	1.5*	1.5*
GENERAL FUND	182,835	209,851	226,744	226,744	227	227	227	227
	6.50*	6.50*	6.50*	6.50*	6.5*	6.5*	6.5*	6.5*
OTHER FED. FUNDS	462,315	462,315	462,315	462,315	463	463	463	463
TOTAL POSITIONS	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*	8.00*
TOTAL PROGRAM COST	645,150	672,166	689,059	689,059	690	690	690	690

#### PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:
PROGRAM TITLE:
PROGRAM TITLE:
DEVELOPMENTAL DISABILITIES COUNCIL

·	FY	FY	FY	FY	FY	FY	FY	FY
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. % ACTIV COMPLTD W/IN ESTAB TMEFRM HI STATE DD PLAN	74	80	90	100	100	100	100	100
PROGRAM TARGET GROUPS  1. INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES  2. FAMILIES OF INDIVIDUALS WITH DEV. DISABILITIES	23094	23454	23688	23922	23922	23922	23922	23922
	23094	23454	23688	23922	23922	23922	23922	23922
PROGRAM ACTIVITIES  1. # INDIV/FAM MEMB PARTIC IN PUB AWARENESS/ED/TRNING 2. NUMBER OF SYSTEMS CHANGE ACTIVITIES 3. NUMBER OF PROJECTS FUNDED/CO-SPONSORED 4. NO. LEG MEASURES IMPACTED BY COUNCIL'S ADVCY EFFRT 5. NO. ADMIN POLICIES IMPACTD BY COUNCIL'S ADVCY EFF 6. NUMBER OF COLLABORATION/COORDINATION ACTIVITIES	667	500	500	500	500	500	500	500
	10	10	10	10	10	10	10	10
	2	2	2	2	2	2	2	2
	11	15	15	15	15	15	15	15
	1	2	2	2	2	2	2	2
	483	70	70	70	70	70	70	70
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL TOTAL PROGRAM REVENUES	<u>284</u>	462	462	462	462	462	462	462
	284	462	462	462	462	462	462	462
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	<u>284</u>	462	462	462	462	462	462	462
	284	462	462	462	462	462	462	462

#### A. Statement of Program Objectives

To assure that individuals with Developmental Disabilities and their families participate in the design of, and have access to, culturally competent services, supports and other assistance and opportunities that promote independence, productivity and integration and inclusion into the community.

## B. Description of Request and Compliance with Section 37-68(1)(A)(B)

None.

#### C. Description of Activities Performed

The Council conducts activities to promote systemic change through policy analysis, training, implementation of projects to demonstrate new approaches and best practices, education, and policy development. Program activities include: 1) conducting analyses regarding individual budgets, residential settings and self-advocacy for persons with developmental disabilities (DD): 2) coordinating/conducting training sessions such as legislative advocacy, Partners in Policymaking Leadership Academy, Day at the Capitol, individual service plan, personcentered planning, home and community-based services, and self-determination; 3) initiating systems change activities focusing on residential settings, self-advocacy, and post-high school opportunities for students with DD in employment and post-secondary education; 4) funding initiatives that address promoting awareness about disabilities; 5) supporting legislative measures to support family caregivers, increasing protections for vulnerable adults, increasing monthly personal needs allowance, increasing payments for various residential settings, increasing dental care services, reinstating vision and hearing screenings, establishing a power of attorney for education, and extending deadlines for filing for due process hearing; 6) promoting interagency collaboration and coordination to better serve, support, assist, or advocate for individuals with DD and their families; and 7) supporting activities in the community to enhance independence, productivity, and integration and inclusion of individuals with DD.

#### D. Statement of Key Policies Pursued

The Council's Five-Year State Plan (FY 2007- FY2011) for services sets the direction and blueprint for what policies should be pursued and what services and supports should be provided including the priorities for the distribution of public funds. The plan is developed based on an analysis of federal, state and county, and private agencies' policies and their impact on individuals with DD, as well as input from individuals, families and other stakeholders throughout the state. Key policies pursued during the last fiscal year addressed implementation of the DD/Mental Retardation Home and Community Based Services (HCBS) waiver, promoting the hiring of persons with DD, dental services, IDEA (Individuals with Disabilities Education Act), individual budgeting, managed care, and residential settings.

#### E. Identification of Important Program Relationships

The Council has representation by many key individuals regarding planning and providing services for individuals with DD (Departments of Education and Health, Maternal and Child Health, Med-Quest Division, Division of Vocational Rehabilitation, Hawaii Disability Rights Center, University Center on Disability Studies, Executive Office on Aging, private service providers, individuals with DD and families). The above agencies are mandated by federal law to participate on the Council. Additionally, the Council works closely with the Department of Health, DD Division and other state, county, and private organizations that provide services to persons with DD and their families. Necessary systems change is accomplished through collaboration with the key agencies to provide them support in areas that address the mission and mandates of the Council, and to provide education, training and advocacy in areas that differ from or conflict with the direction set by the Council.

#### F. Description of Major External Trends Affecting the Program

1. Overall funding for DD services are at risk and are vulnerable to cuts in addition to the legislative reduction for the Council already imposed on the DD Division. The deficit in the state budget will require review of current policies, identify areas of duplication, and

programs that can be reduced or eliminated while maintaining current level of services in an effective and efficient manner.

- 2. The current budget crisis on the national and state level will directly impact DD services. With a steady and consistent increase in the admission of individuals with DD into the Medicaid Home and Community Based Services waiver program, there will be a need to provide state matching funds to address the increase of individuals in the program as well as a addressing any changes to the state match for the Federal Medicaid Assistance Percentage (FMAP) reimbursements. Funding for DD services is vital in order to meet the Makin Settlement as well as implement the HCBS waiver program.
- 3. The Olmstead Decision of 1999 prompted states to develop a plan to move people with disabilities into less restrictive settings and have waiting lists for community-based services that move at a reasonable pace. Governor Lingle accepted Hawaii's plan and initiated the Olmstead Interagency Implementation Task Force (OIITF) to address implementation of the plan. The OIITF has not been active for a year and a half and the Council is pursuing to reactivate the task force.
- 4. Act 133, SLH 1998 Hawaii's self-determination law for persons with DD specifies that the individual service plan is developed by the individual with DD and includes what needs to happen to support that person in the person's desired life, along with addressing health and safety issues, the individual controls an identified amount of dollars to accomplish the plan and directs the provision of services and supports. The DD Division continues its efforts to implement the provisions of Act 133. The Council needs to continue to support their efforts through education and training initiatives with the DD Division and community.

#### G. Discussion of Cost, Effectiveness, and Program Size Data

The cost of the program is relatively low to the state in providing its 25 percent state match share of the federal grant. The impact for the State and for people with DD and their families is much greater than the cost. Through its advocacy, the Council assisted the State in moving the DD system toward a more effective system for supporting people with DD. The Council has consistently pursued funding opportunities to support the State's efforts in the areas of access to medical and dental care services, family support, donated dental services, supported employment, and self-advocacy.

The ability of the Council to continue to address the multitude of challenges involved with systems change is threatened by the limited amount of fiscal resources available to conduct policy analysis and continue education and training for individuals, families and providers.

Although the Council's primary target group is individuals with DD and their families, the secondary target group includes policy makers who develop and implement the system of supports. This includes the Departments of Health, Human Services, Education, Transportation, and the Legislative Branch.

#### H. Discussion of Program Revenues

None.

#### I. Summary of Analysis Performed

Analyses performed include: 1) a review of the findings and recommendations and determination of progress of the Council initiated case management report, and 2) a review of the DD Division's policy on the use of seclusion and restraints.

The Council completed two reports required by the Legislature. The first report was pursuant to Section 2 of Act 040, SLH 2007. Act 040 extended the repeal of Act 303, SLH 2006 that required the Council to submit a preliminary and final report to the 2008 and 2009 Legislature regarding individual choice of residential setting, the number of person with DD or mental retardation who choose to live independently as provided by this Act and the financial impact of the provisions of the Act. The second report was pursuant to Section 53 of Act 213, SLH 2007 that required the Council to submit a progress and expenditure report on its activities to establish a statewide self-advocacy network.

# OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

**HTH907** 

PROGRAM STRUCTURE NO. 050504

PROGRAM TITLE:

GENERAL ADMINISTRATION

		IN DOLLA	RS	!_		IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	122.50*	123.50*	123.50*	123.50*	123.5*	123.5*	123.5*	123.5*
PERSONAL SERVICES	7,194,535	5,161,399	7,481,481	7,481,481	7,482	7,482	7,482	7,482
OTHER CURRENT EXPENSES				2,565,943	2,566	2,566	2,566	2,566
TOTAL OPERATING COST	9,344,896		10,047,424	10,047,424	10,048	10,048	10,048	10,048
BY MEANS OF FINANCING						$\boldsymbol{e} = \{e_{i}, e_{i}, \dots, e_{i}\}$		
	122.50*	123.50*	123.50*	123.50*	123.5*	123.5*	123.5*	123.5*
GENERAL FUND	8,039,987	5,956,851	8,742,515	8,742,515	8,743	8,743	8,743	8,743
GENERAL TOND	*	*	*	اید	*	*	*	*
OTHER FED. FUNDS	1,304,909	1,304,909	1,304,909	1,304,909	1,305	1,305	1,305	1,305
CAPITAL IMPROVEMENT COSTS				 				
DESIGN	843,000	3,000	513,000	582,000 ¦				
CONSTRUCTION	8,650,000	5,901,000	7,416,000	5,456,000				
TOTAL CAPITAL EXPENDITURES	9,493,000	5,904,000	7,929,000	6,038,000				
BY MEANS OF FINANCING G.O. BONDS	9,493,000	5,904,000	7,929,000	6,038,000				
TOTAL POSITIONS TOTAL PROGRAM COST	122.50* 18,837,896	123.50* 13,165,760	123.50* 17,976,424	123.50* 16,085,424	123.50* 10.048	123.50* 10,048	123.50* 10.048	123.50* 10,048
TOTAL TROOKAN COST	10,001,000		17,770,727 			=========		,

## PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:
HTH907
050504
GENERAL ADMINISTRATION

	FY	FY	FY	FY	FY	FY	FY	FY
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS  1. % OF GRIEVANCES RESOLVED (DOH - STAFF ADMIN)	65	65	65	65	65	65	65	65
PROGRAM TARGET GROUPS  1. STATEWIDE POPULATION (THOUSANDS)	1283	1283	1283	1283	1283	1283	1283	1283
PROGRAM ACTIVITIES  1. NO. OF LEG PROPOSALS TRACKED FOR INFO OR TESTIMONY 2. NO. OF GRANT APPLICATIONS PROCESSED BY OPPPD 3. NUMBER OF GRIEVANCES REGISTERED	NO DATA	NO DATA	1500	1500	1500	1500	1500	1500
	NO DATA	NO DATA	25	25	25	25	25	25
	46	50	50	50	50	50	50	50
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL CHARGES FOR CURRENT SERVICES NON-REVENUE RECEIPTS TOTAL PROGRAM REVENUES	3,810 692 92 4,594	3,770 672 4,442	3,770 672 4,442	3,290 672 3,962	3,290 672 3,962	3,290 672 3,962	3,290 672 3,962	3,290 672 3,962
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) GENERAL FUNDS SPECIAL FUNDS TOTAL PROGRAM REVENUES	3,598	3,486	3,486	3,486	3,486	3,486	3,486	3,486
	996	956	956	476	476	476	476	476
	4,594	4,442	4,442	3,962	3,962	3,962	3,962	3,962

#### A. Statement of Program Objective(s)

To enhance the effectiveness and efficiency of overall departmental functions by planning, formulating policies, directing operations and personnel, and by providing other administrative support.

#### B. Description of Request and Compliance with Section 37-68(1)(A)(B)

- 1. A Capital Improvement Project (CIP) request to provide various improvements to Department of Health facilities statewide (0.00/3,271,000A; 2,766,000A).
- A CIP request for Waimano Ridge, building improvements. These buildings now
  house staff from the Adult Mental Health Division, Developmental Disabilities,
  Environmental Divisions, Bioterrorism Preparedness and Response, and indoor
  Radiological Health Branches (0.00/1,570,000A; 3,272,000A for each year of the
  biennium).
- 3. A CIP request to provide energy efficiency improvements to Department of Health facilities statewide (0.00/3,088,000A first year funding only).

### C. <u>Description of Activities Performed</u>

- All of the activities are administrative in nature and involve the development of departmental policy in short- and long-term program planning, overall management, guidance and support of personnel, physical plant facilities, and financial resources as it relates to health, safety, and general support services to the programs within the department.
- Included in this program area are the Office of the Director, Communications Office, Administrative Services Office, Human Resources Office, Affirmative Action Office, Health Insurance Portability and Accountability Act (HIPAA) Office, County District Health Offices of Hawaii, Maui, and Kauai, Health Information Systems Office, and the Office of Planning, Policy and Program Development.

#### D. Statement of Key Policies Pursued

The mission of the Department of Health is to protect and improve the health and environment for all people in Hawai'i. As a health provider of last resort, the department is tasked with ensuring that the essential health, life, and safety services that are uninsurable and that cannot or will not be provided by the private sector must necessarily be addressed by the State. Moreover, the Department recognizes that health and safety are requisites for the productivity, participation, and vitality of all of Hawaii's people, whether they are schoolaged children and youth, adults in the workforce, or elders involved in child care, long term care, community service, or part-time employment. In exercising its leadership role, the Department is steadfastly committed to empowering Hawaii's people to exercise their maximum personal responsibility for their health and well-being and to promote programs that prevent the need for future costly health and social service intervention.

### E. <u>Identification of Important Program Relationships</u>

Program relationships span the department and involve the direct operational programs within the department. This program provides leadership, guidance, and staff support to assist the department's programs to effectively collaborate with other Federal, State, and County agencies, and private sector programs.

#### F. Description of Major External Trends Affecting the Program

- 1. This administrative program is affected by major external economic and social trends, as increased demands on programs, mandated federal oversight, accountability of resources and the services it provides, and the economy's financial strength all have an affect on the involvement and demands placed on the department and its ability to manage its available resources and in turn, its total productivity and effectiveness. This program is essential in providing the executive and administrative support functions necessary to manage the operating programs that provide direct health services to the community.
- 2. Severe fiscal constraints at both the Federal and State levels.
- 3. Policies and procedures established within other agencies.

4. A continuing effort to maintain compliance with the Health Insurance Portablity and Accountability Act (HIPAA).

## G. Discussion of Cost, Effectiveness, and Program Size Data

The cost data reflected in the Program and Financial Plan are to maintain the present program necessary to provide continuous administrative services.

## H. Discussion of Program Revenue

The program's revenue consists of federal funds from the Preventive Health and Health Services Block Grant, the Critical Access Hospital program, and the State Office of Rural Health grant.

Other revenue comes from the Administrative Cost Claiming of Title XIX (Medicaid) federal funds through the conducting of Random Moment Study interviews.

### I. Summary of Analysis Performed

No analyses have been performed at this time.

### J. Further Considerations

There is a continuing need to maintain and regularly assess the administrative support resources in relative proportion to the direct service programs. The disproportionate increase in administrative support resources have resulted in difficulty in maintaining the department's ability to address a growing workload generated by the growth in the direct service programs.

PROGRAM ID:

PROGRAM STRUCTURE NO. 06

PROGRAM TITLE:

SOCIAL SERVICES

		IN DOLLA	RS			IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	17.75*	 18.75*	18.75*	18.75*	18.7*	18.7*	18.7*	18.7*
PERSONAL SERVICES	2,141,631	2,141,631	2,185,013	2,185,013	2,185	2,185	2,185	2,185
OTHER CURRENT EXPENSES	13,220,921	13,017,583	12,977,583	12,977,583	12,977	12,977	12,977	12,977
TOTAL OPERATING COST	15,362,552	15,159,214	15,162,596	15,162,596	15,162	15,162	15,162	15,162
	=======================================			i				
BY MEANS OF FINANCING							a.	
	8.30*	8.74*	8.74*	8.74*	8.7*	8.7*	8.7*	8.7*
GENERAL FUND	7,704,020	7,500,682	7,504,064	7,504,064	7,504	7,504	7,504	7,504
SPECIAL FUND	10,000	10,000	10,000	10,000	10	10	10	10
	7.45*	8.01*	8.01*	8.01*	8.0*	8.0*	8.0*	8.0*
OTHER FED. FUNDS	7,443,720	7,443,720	7,443,720	7,443,720	7,444	7,444	7,444	7,444
	2.00*	2.00*	2.00*	2.00*	2.0*	2.0*	2.0*	2.0*
INTERDEPT. TRANSFER	204,812	204,812	204,812	204,812	204	204	204	204
TOTAL POSITIONS	17.75*	18.75*	18.75*	18.75*	18.70*	18.70*	18.70*	18.70*
TOTAL PROGRAM COST	15,362,552	15, 159, 214	15,162,596	15,162,596	15,162	15,162	15,162	15,162

# OPERATING AND CAPITAL EXPENDITURES

PROGRAM ID:

**HTH904** 

PROGRAM STRUCTURE NO. 060402

PROGRAM TITLE:

EXECUTIVE OFFICE ON AGING

		IN DOLLA	.RS			IN THOUS	SANDS	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST	10.75*	11.75*	11.75*	11.75*	11.7*	11.7*	11.7*	11.7*
PERSONAL SERVICES	1,218,798	1,218,798	1,202,332	1,202,332	1,203	1,203	1,203	1,203
OTHER CURRENT EXPENSES	12,595,474	12,344,136	12,304,136	12,304,136	12,304	12,304	12,304	12,304
TOTAL OPERATING COST	13,814,272	13,562,934	13,506,468	13,506,468	13,507	13,507	13,507	13,507
BY MEANS OF FINANCING				· ·				
DI HEARD OF FINANCING	3.30*	3.74*	3.74*	3.74*	3.7*	3.7*	3.7*	3.7*
GENERAL FUND	6,370,552	6,119,214	6,062,748	6,062,748	6,063	6,063	6,063	6,063
CENERAL TOND	7.45*	8.01*	8.01*	8.01*	8.0*	8.0*	8.0*	8.0*
OTHER FED. FUNDS	7,443,720	7,443,720	7,443,720	7,443,720	7,444	7,444	7,444	7,444
TOTAL POSITIONS	10.7 <b>5</b> *	11.75*	11.75*	11.75*	11.70*	11.70*	11.70*	11.70*
TOTAL PROGRAM COST	13.814.272	13,562,934	13,506,468	13,506,468	13,507	13,507	13,507	13.507
					=========			

#### PERFORMANCE MEASURES AND PROGRAM REVENUES

STATE OF HAWAII

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH904
060402
EXECUTIVE OFFICE ON AGING

	FY	FY	FY	FY	FY	FY	FY	FY
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
MEASURES OF EFFECTIVENESS								
1. OF ALL PERSONS 60 YEARS AND OLDER, PERCENT SERVED 2. OF ALL REGIS CLIENTS, INCL CAREGIVERS, % MINORITY 3. OF ALL REG CLIENTS/CREGVRS, % IN GREATST ECON NEED 4. OF ALL REG CLIENTS/CAREGVRS, % LOW-INCOME MINORITY 5. OF ALL REG CLIENTS/CAREGVRS, % LIVG IN RURAL AREAS 6. OF ALL REG CLIENTS, % DIFFIC DOING 1 0R MORE ADL 7. OF ALL REG CLIENTS, % DIFFIC 1 OR MORE INSTRML ADL 8. % OMBUDSMAN PROGRAM CASES RESPOND TO W/IN 72 HRS	39	39	39	39	39	39	39	39
	67	65	67	67	67	67	67	67
	27	27	27	27	27	27	27	27
	21	21	21	21	21	21	21	21
	47	47	47	47	47	47	47	47
	38	38	38	38	38	38	38	38
	51	51	51	51	51	51	51	51
PROGRAM TARGET GROUPS  1. NUMBER OF ADULTS AGE 60 YEARS AND OLDER  2. NO. OF ADULTS AGE 60 YRS & OLDER WHO ARE MINORITY  3. #ADULTS>60 IN GREATST ECON NEED (BELOW 115% PVTY)  4. #ADULTS>60 LOW-INCOME MINORITY (BELOW 115% POVTY)  5. #ADULTS AGE 60 YRS & OLDER LIVING IN RURAL AREAS  6. #PERSONS AGE 60 & OLDER W/1 OR MORE DISABILITIES  7. NO. OF FAMILY CAREGIVERS OF ADULTS 60 YRS & OLDER  8. #RESDTS IN LIC LTC NRSG HOMES/ARCH/ASST LVG FACIL	247641	261747	255281	262921	270581	278201	285841	293481
	186432	197051	192298	198164	204030	209896	215762	221628
	186432	197051	192298	198164	204030	209896	215762	221628
	24145	25520	24890	25635	26380	27125	27870	28615
	58567	61903	60374	62181	63988	65795	67602	69409
	95144	100563	98079	101014	103949	106884	109819	112754
	180500	190000	180500	180500	180500	180500	180500	180500
	8129	8129	8129	8129	8129	8129	8129	8129
PROGRAM ACTIVITIES  1. # PERS DAYS FOR NDS ASSMT/COORD/ADMN PLNS ON AGING 2. NUMBER OF PERSONS SERVED BY NUTRITION PROGRAMS 3. NO. PERSONS SERVED BY PUBLIC INFO & EDUCATION SVCS 4. NUMBER OF PERSONS SERVED BY ACCESS SERVICES 5. NUMBER OF PERSONS SERVED BY IN-HOME SERVICES 6. NO. OF PERSONS SERVED BY COMMUNITY-BASED SERVICES 7. NUMBER OF FAMILY CAREGIVERS SERVED 8. NUMBER OF ACTIVE CASES IN THE OMBUDSMAN PROGRAM	3680 18546 348208 73216 2715 13466 2063 92	3680 18500 350000 65000 2700 13000 2000	3680 18546 308208 73216 2715 13466 2063 92	3680 18546 308208 73216 2715 13466 2063 92	3680 18546 308208 73216 2715 13466 2063 92	3680 18546 308208 73216 2715 13466 2063 92	3680 18546 308208 73216 2715 13466 2063 92	3680 18546 308208 73216 2715 13466 2063 92
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) REVENUE FROM OTHER AGENCIES: FEDERAL REVENUE FROM OTHER AGENCIES: ALL OTHER TOTAL PROGRAM REVENUES	6,234	5,950	5,719	5,568	5,568	5,568	5,568	5,568
	550	550	550	550	550	550	550	550
	6,784	6,500	6,269	6,118	6,118	6,118	6,118	6,118
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	6,784	6,500	6,269	6,118	6,118	6,118	6,118	6,118
	6,784	6,500	6,269	6,118	6,118	6,118	6,118	6,118

#### A. Statement of Program Objectives

To enable older persons to live, to the greatest extent possible, healthy, dignified and independent lives by assuring an accessible, responsive and comprehensive system of services through advocacy, planning, coordination, research, and evaluation.

### B. <u>Description of Request and Compliance with Section 37-68 (1)(A)(B)</u>

Not Applicable

#### C. Description of Activities Performed

As the designated lead agency in the State of Hawaii on aging issues, the Executive Office on Aging performs a wide range of activities that include the following: Providing statewide leadership for the development and review of policies and programs for older adults, as articulated by the State Plan on Aging, the Comprehensive Master Plan for the Elderly, and the Long Term Care Plan for Hawaii's Older Adults; developing State Plan for submission to the U. S. Administration on Aging that has enabled the State to receive allotments under the Older Americans Act; serving as the clearinghouse for aging policies and information; recognizing older adults as resources; maintaining an efficient statewide database system to identify and define the aging population in Hawaii; overseeing a statewide, client-driven, comprehensive home and community based system of services; assisting in the protection of elders from abuse and neglect; promoting and establishing basic services for family caregivers.

#### D. Statement of Key Policies Pursued

The Executive Office on Aging is the lead State agency that serves all adults 60 years and older and family caregivers in the State of Hawaii. As authorized by the U.S. Administration on Aging and Hawaii Revised Statutes, Chapter 349, the Executive Office on Aging is responsible for assuring information about and access to opportunities and services for older adults and for seeking resources that will help meet the needs of the diverse older population. The Office applies for and receives federal and other grants in order to implement mandates set by the Older Americans Act and Hawaii Revised Statutes

#### E. Identification of Important Program Relationships

The Hawaii Aging Network and the Department of Health are principal collaborators in promoting healthy aging to delay and prevent the need for more costly direct health services.

The Executive Office on Aging also collaborates with other government agencies, the private sector, and the community in most, if not all, of its programs and projects.

## F. <u>Description of Major External Trends Affecting the Program</u>

<u>Demand for in-home and community-based services for frail and vulnerable older adults will increase.</u> There are over 95,000 persons aged 60 and over who have a disability. At present, the agency is serving over 6,000 in home and community based services, but will require greater capacity to meet the demand with the aging of the baby boomer generation. As the population ages, more persons are expected to rely upon home-based assistance, to delay and prevent institutional placements.

<u>Services for family caregivers.</u> Congress established the National Family Caregiver Support Program that calls for states to provide multi-faceted systems of support services to family caregivers. These family caregivers contribute annually to the nation's health care system by providing unpaid care at home at a significant reduction in cost to Medicare and Medicaid. The agency's future ability to expend federal funding will depend upon agency ability to recruit and retain qualified staff to carry out Congress's mandate.

Greater shifting of federal program responsibilities to the states. Federal deficit reduction efforts are expected to modify old age benefit programs, such as Medicare and Social Security, and shift the responsibility to the states to develop public education campaigns to explain the changes. This trend is significant and expected to affect the Medicaid population as well as Medicare recipients. For example, Medicare modernization is expected to produce cost efficiencies for the Federal government but there are expanded state responsibilities for Medicare information, education, counseling and decision assistance to Medicaid and Medicare beneficiaries due to the anticipated changes in benefits, selection and choice.

#### G. <u>Discussion of Cost, Effectiveness</u>, and Program Size Data

The Executive Office on Aging presently serves about 45 percent of the State's 60+ population of more than 247,000, and also serves family caregivers. The Office, through its network of County Agencies on Aging, provides a wide range of services that especially help Hawaii's most vulnerable and frail elderly remain in the desired home setting for as long possible.

- H. Discussion of Program Revenue None.
- Summary of Analysis Performed None.
- J. Further Considerations None.

PROGRAM ID:

**HTH520** 

PROGRAM STRUCTURE NO. 060403

PROGRAM TITLE:

DISABILITY & COMMUNICATIONS ACCESS BOARD

		IN DOLLAI	RS			IN THOU	ISANDS	
PROGRAM EXPENDITURES	FY2007-08	FY2008-09	FY2009-10	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15
OPERATING COST PERSONAL SERVICES OTHER CURRENT EXPENSES	7.00* 922,833 625,447	7.00* 922,833 673,447	7.00* 982,681 673,447	7.00* 982,681 673,447	7.0* 982 673	7.0* 982 673	7.0* 982 673	7.0* 982 673
TOTAL OPERATING COST	1,548,280	1,596,280	1,656,128	1,656,128	1,655	1,655	1,655	1,655
BY MEANS OF FINANCING	5.00*	5.00*	5.00*	5.00*	5.0*	5.0*	5.0*	F 011
GENERAL FUND SPECIAL FUND	1,333,468 10,000	1,381,468 10,000	1,441,316 10,000	1,441,316	1,441 10	1,441 10	1,441 10	5.0* 1,441 10
INTERDEPT. TRANSFER	2.00* 204,812	2.00* 204,812	2.00* 204,812	2.00* 204,812	2.0* 204	2.0* 204	2.0* 204	2.0* 204
TOTAL POSITIONS TOTAL PROGRAM COST	7.00* 1,548,280	7.00* 1,596,280	7.00* 1,656,128	7.00* 1,656,128	7.00* 1,655	7.00* 1,655	7.00* 1,655	7.00*
IOIAL PROGRAM COST	1,240,200	1,976,28U	1,030,128	1,050,128	1,000	1,022	1,622	1,655 ======

#### PERFORMANCE MEASURES AND PROGRAM REVENUES

PROGRAM ID:
PROGRAM STRUCTURE:
PROGRAM TITLE:

HTH520
060403
DISABILITY AND COMMUNICATION ACCESS BOARD

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
MEASURES OF EFFECTIVENESS  1. % OF BOARD PUBLIC POLICY RECOMMENDATIONS ADOPTED 2. % OF INCOMING REQUESTS ADEQUATELY RESPONDED TO 3. % OF OBJECTIVES IN DCAB PLAN OF ACTION COMPLETED 4. % SIGN LANG LNTERPRETERS TESTD WHO ARE CREDENTIALD 5. % OF DOCUMENT REVIEWS WITHOUT DISCREPANCIES	80 90 90 50 80	80 90 90 50 80	80 90 90 50 80	80 90 90 50 80	80 90 90 50 80	80 90 90 50 80	80 90 90 50 80	80 90 90 50 80
PROGRAM TARGET GROUPS  1. PERSONS WITH DISABILITIES	228471	244463	244463	244463	244463	244463	244463	244463
PROGRAM ACTIVITIES  1. NO. NEWSLETTERS, FACT SHEETS & BROCHURES DISTRIBTD  2. NUMBER OF SIGN LANGUAGE INTERPRETERS TESTED  3. NO. OF INFO/REFERRAL & TECH ASST REQUESTS RECEIVED  4. NUMBER OF DISABLED PERSONS PARKING PERMITS ISSUED  5. NO. PUBLIC INFO & EDUCATION TRNG SESSNS CONDUCTED  6. NUMBER OF BLUEPRINT DOCUMENTS REVIEWED  7. # INTERPRET OPINIONS/SITE SPECFC ALT DESIGNS ISSUD  8. NO. FED/STATE/COUNTY PUBLIC POLICY RECOMMENDATIONS  9. # COMMUN ADVISORY COMMITTEES AS ACTIVE PARTICPANTS	15 9 6772 30637 67 1126 3 40 21	10 10 4000 34000 50 1200 5 40 20	25 10 4000 36000 50 1200 10 40 20	25 10 4000 38000 50 1200 10 40 20	25 10 4000 40000 50 1200 10 40 20	25 10 4000 40000 50 1200 10 40 20	25 10 4000 40000 50 1200 10 40	25 10 4000 40000 50 1200 10 40 20
PROGRAM REVENUES BY TYPE (IN THOUSANDS of DOLLARS) CHARGES FOR CURRENT SERVICES TOTAL PROGRAM REVENUES	2 2	2 2	2	2	2	2	2	2 2
PROGRAM REVENUES BY FUND (IN THOUSANDS of DOLLARS) SPECIAL FUNDS TOTAL PROGRAM REVENUES	2	<u>2</u> 2	<u>2</u> 2	2 2	2	2 2	2 2	2

## A. Statement of Program Objectives

To ensure that persons with disabilities are provided equal access to programs, services, activities, employment opportunities, and facilities to participate fully and independently in society.

## B. Description of Request and Compliance with Section 37-68 (1)(A)(B)

No additional funds are being requested.

## C. <u>Description of Activities Performed</u>

- 1. Established guidelines for the design of buildings, facilities, and sites by or on behalf of the State and counties in accordance with Section 103-50, HRS.
- 2. Provide review and recommendations on all State and county plans for buildings, facilities, and sites in accordance with Section 103-50, HRS.
- 3. Establish guidelines for the utilization of communication access services provided for persons who are deaf, hard of hearing, or deaf-blind in State programs. Guidelines include, but are not limited to, determining the qualifications of interpreters who may provide services, the amount of payment to interpreters and the credentialing of interpreters who do not hold national certification via state screening process.
- 4. Administer the Statewide program for parking for disabled persons, in accordance with Part III of Chapter 291, HRS.
- 5. Serve as public advocate of persons with disabilities by providing advice and recommendations on matters relating to access for persons with disabilities, with emphasis on legislative matters, administrative rules, policies, and procedures of State and county governments.

- Review and assess the problems and needs relating to access for persons with disabilities in the State in order to provide recommendations in the improvement of laws and services.
- 7. Serve as the designated State agency to coordinate the efforts of the State to comply with the requirements of the Americans with Disabilities Act for access to services, employment, telecommunications, and facility and site designs.
- 8. Provide technical assistance and guidance to, but not limited to, State and county entities in order to meet the requirements of state, federal and county laws, providing access for persons with disabilities through public education programs and other voluntary compliance efforts.

### D. Statement of Key Policies Pursued

The Disability and Communication Access Board (DCAB) is mandated by Section 348F, HRS and has a required function of document reviews under Section 103-50, HRS and parking coordination under Chapter 291, Part III, HRS.

Key policies pursued are based on implementation of various federal and state laws including, but not limited to, the Americans with Disabilities Act (ADA), the Federal Fair Housing Act, the Individuals with Disabilities Education Act, the Air Carrier Access Act, the Telecommunications Act, Section 504 of the Rehabilitation Act, the Uniform Handicapped Parking Systems Law, state civil rights laws, and state and county building codes and design standards.

# E. Identification of Important Program Relationships

At the federal level, the Disability and Communication Access Board (DCAB) establishes liaisons with the U.S. Department of Justice, U.S. Equal Employment Opportunity Commission, the U.S. Access Board, the U.S. Department of

Transportation, the U.S. Department of Housing and Urban Development, and the Federal Communications Commission, all of which enforce laws relating to the civil rights or access of persons with disabilities. DCAB is often the State of Hawaii's contact point for information dissemination and technical assistance from those agencies on new developments in rules and regulations. DCAB is the State contact for provisions of technical assistance on the ADA through the Pacific ADA Center.

At the State level, DCAB serves as coordinator for ADA compliance of all State agencies. Twenty nine (29) ADA Coordinators in each department implement guidance and programs provided by DCAB.

The DCAB also enters into a memorandum of agreement with the State Department of Education to operate the Special Parent Information Network, a parent-based information system for parents of special needs children, in fulfillment of the Individuals with Disabilities Education Act (IDEA).

At the county level, DCAB provides technical assistance in implementation of the ADA to the four (4) county ADA Coordinators. In addition, DCAB provides placards to each of the four (4) counties for the issuance of parking placards for eligible persons with disabilities.

#### F. Description of Major External Trends Affecting the Program

The DCAB currently oversees the administration of the statewide program for handicapped parking under Chapter 291, Part III, HRS, under the federal P.L. 100-641, the Uniform Handicapped System Parking Law. This involves the issuance of parking placards to eligible persons with disabilities to allow them to park in stalls reserved for such use. Actual issuance of the parking placards are done by the four (4) counties. Counties are reimbursed \$12 per placard issued. The increase in number of persons with mobility impairments, in part due to an aging society, will result in increasing annual costs in DCAB's budget.

Another external trend is the ADA, now in its 18<sup>th</sup> year of enactment. The ADA required the development of an equal number of self evaluations and transition plans, particularly for the removal of architectural barriers. Because the transition plans are now in the implementation phase, there is a disproportionate number of construction documents which must be reviewed by DCAB under Section 103-50, HRS. This additional workload relating to increased capital improvement projects is expected to be sustained for the next biennium budget, while the transition plans are being implemented.

Also, the Department of Justice is proposing to adopt revised Americans with Disabilities Act Accessibility Guidelines which will require significant new design standards for state and county buildings and facilities.

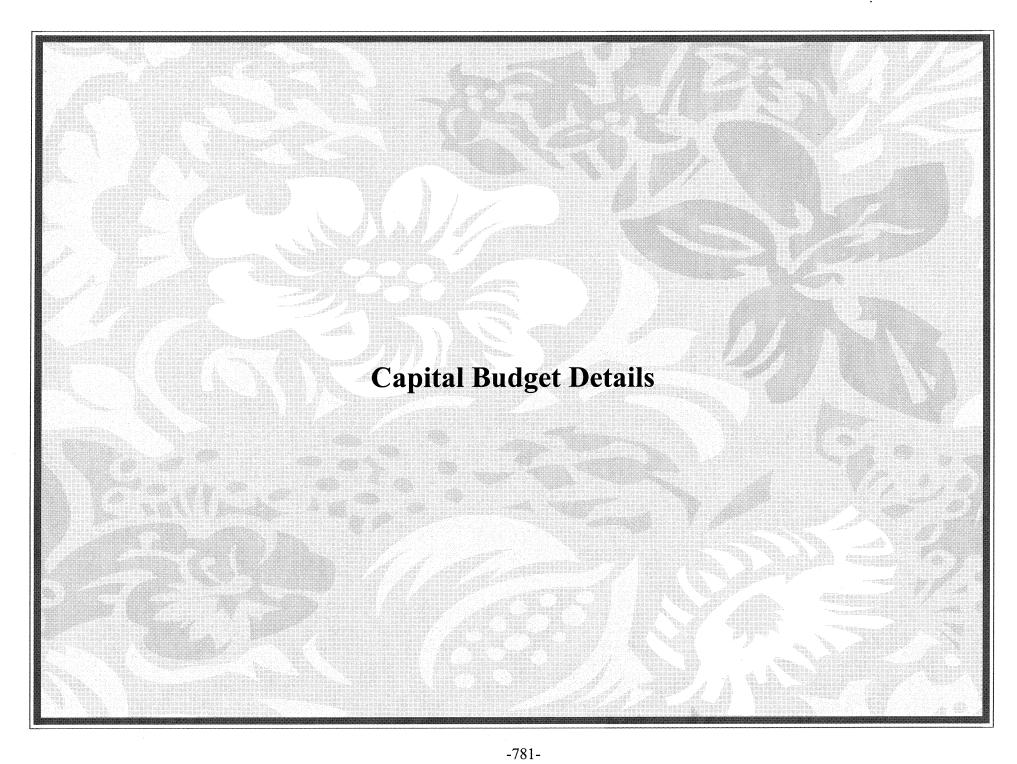
### G. Discussion of Cost, Effectiveness, and Program Size Data

No significant data to report.

## H. Discussion of Program Revenue

Nominal revenues (approximately \$2,000 to \$3,000 per year) are generated by applicants taking the Hawaii Quality Assurance System (HQAS) test for sign language interpreter credentialing. Monies collected are used to offset testing costs.

- I. Summary of Analysis Performed -- None.
- J. Further Considerations -- None.



# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 102

PROGRAM ID

HTH-100

PROGRAM STRUCTURE NO. 05010101

PROGRAM TITLE

# COMMUNICABLE DISEASE SERVICES

PROJECT NUMBER	PRIORITY NUMBER	LOC SCOPE	PROJ	ECT TITLE			BUDGET P	PERIOD					
		COST ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
100801	0003	NEM	KALAUPAPA SETT	LEMENT, HARI	BOR IMPROVE	MENTS, I	MOLOKAI					-	
		DESIGN CONSTRUCTION EQUIPMENT	751 998 1	750	1 998 1								
		TOTAL	1,750	750	1,000								
		G.O. BONDS	1,750	750	1,000								
100802	0004	REPLACEMENT	KALAUPAPA SETT	LEMENT, VAR	OUS IMPROV	EMENTS TO	THE NURSING	FACILITY, M	10LOKAI				
		DESIGN CONSTRUCTION	50 460		50 460								
		TOTAL	510		510				.4				
		G.O. BONDS	510		510								
			PROGRAM TOTALS										
		DESIGN CONSTRUCTION EQUIPMENT	1,551 1,458 1	1,500	51 1,458 1								
		TOTAL	3,010	1,500	1,510								

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78

PAGE 103

PROGRAM ID

HTH-210

PROGRAM STRUCTURE NO. 050201

HAWAII HEALTH SYSTEMS CORPORATION PROGRAM TITLE

	ORITY	LOC SCOPE	PRO	JECT TITLE			BUDGET PE	DIAN					
NUMBER NU	JMBER	COST ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
12903		REPLACEMENT	HALE HO'OLA H	AMAKUA, REPL	ACE X-RAY S	YSTEM, H	AWAII						
		DESIGN	54			54							
		CONSTRUCTION	359			359							
		EQUIPMENT	1			1							
		TOTAL	414			414							
		G.O. BONDS	414			414							
213906		REPLACEMENT	KAU HOSPITAL,	REPLACE X-R	AY EQUIPMEN	T, HAWAII							
		DESIGN	54			54							
		CONSTRUCTION	359			359							
		EQUIPMENT	1			1							
		TOTAL	414			414							
		G.O. BONDS	414	naga agan asan sama sama sama sahan dibah dibih. dibih bibih		414							
214901		REPLACEMENT	KOHALA HOSPIT	AL, REPLACE	X-RAY SYSTE	M, HAWAII							
		DESIGN	54			54							
		CONSTRUCTION	359			359							
		EQUIPMENT	1			1							
		TOTAL	414			414							
		G.O. BONDS	414			414							
221104 M	-3	RENOVATION	MAUI MEMORIAL	MEDICAL CEN	TER,GENERAT	OR I	NFRASTRUCTUR	E IMPROVE	MENTS, MAUI			a pana anna mana mana anna anna mana tama tam	
		DESIGN	100		100								
		CONSTRUCTION	3,089		3,089								
		EQUIPMENT	1		1								
		TOTAL	3,190		3,190								
		G.O. BONDS	3,190		3,190								

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 104

PROGRAM ID

PROGRAM TITLE

HTH-210

U

PROGRAM STRUCTURE NO. 050201

HAWAII HEALTH SYSTEMS CORPORATION

PROJECT NUMBER	PRIORITY NUMBER	LOC SCOPE	PROJ	ECT TITLE			BUDGET P	EDTOD					
NOMBER	NOMBER	COST ELEMENT/MOF	PROJECT Total	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
223101	M-2	RENOVATION	KULA HOSPITAL,	WASTEWATE	R SYSTEM, MAUI								
		DESIGN CONSTRUCTION	200 150		200 150								
		EQUIPMENT	150		150								
		TOTAL	500		500	:							
		G.O. BONDS	500		500								
223902		REPLACEMENT	KULA HOSPITAL,	REPLACE X	-RAY SYSTEM, M	AUI							
		DESIGN	54			54							
		CONSTRUCTION EQUIPMENT	359 1			359 1							
		EMOTEMEN!											
		TOTAL	414			414							
		G.O. BONDS	414			414							
 231902	0	OTHER	KAUAI REGION H	OSPTIALS, I	KAUAI				·				
		PLANS	500			500				•			
		TOTAL	500			500							
		G.O. BONDS	500			500							
232901		REPLACEMENT	SAMUEL MAHELON	A MEMORIAL	HOSPITAL, REP	LACE X- A	Y SYSTEM, K	AUAI	T 1500 Mars Sant Sant Sant Sant Sant Sant Sant Sant				· · · · · · · · · · · · · · · · · · ·
		DESIGN	54			54							
		CONSTRUCTION	359			359							
		EQUIPMENT	1	-		1							
		TOTAL	414			414	· · · · · · · · · · · · · · · · · · ·						
		G.O. BONDS	414		·	414							

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT

REPORT B78 PAGE 105

PROGRAM ID PROGRAM STRUCTURE NO. 050201

HTH-210

IN THOUSANDS OF DOLLARS

PROGRAM TITLE

HAWAII HEALTH SYSTEMS CORPORATION

	RIORITY NUMBER	LOC SCOPE	PROJ	ECT TITLE			BUDGET P	EDIAD					
NUMBER	NUMBER	COST ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
41903		NEM	MALUHIA, REPLA	CE X-RAY S	YSTEM, OAHU								
. · · · · · · · · · · · · · · · · · · ·		DESIGN CONSTRUCTION EQUIPMENT	54 359 1			54 359 1							
		TOTAL	414			414				:			
		G.O. BONDS	414			414							
42005	0-26	NEM	LEAHI HOSPITAL	, MASTER PI	LAN, OAHU								
		PLANS	80		80								
		TOTAL	80		80		*						
		G.O. BONDS	80		80								
95110		OTHER	HAWAII HEALTH	SYSTEMS COI	RPORATION, R	EPAIR AND M	AINTENANCE,	STATEWIDE	<del></del>	<del> </del>			
		DESIGN CONSTRUCTION EQUIPMENT	998 19,000 2				499 9,500 1	499 9,500 1					
		TOTAL	20,000				10,000	10,000					
		G.O. BONDS	20,000				10,000	10,000					
			PROGRAM TOTALS				***************************************						
		PLANS DESIGN CONSTRUCTION EQUIPMENT	580 2,371 27,294 159	749 2,901	80 300 3,239 151	500 324 2,154 6	499 9,500 1	499 9,500 1					
		TOTAL	30,404	3,650	3,770	2,984	10,000	10,000	<del></del>				
		G.O. BONDS	30,404	3,650	3,770	2,984	10,000	10,000					

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 106

PROGRAM ID

HTH-430

PROGRAM STRUCTURE NO. 050302 PROGRAM TITLE

ADULT MENTAL HEALTH - INPATIENT

PROJECT NUMBER	PRIORITY NUMBER	LOC SCOPE	PROJI	ECT TITLE			BUDGET P	FRION					
NOMBER	NOMBER	COST ELEMENT/MOF	PROJECT Total	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
P70029		NEM	WAIANAE COAST (	COMMUNITY M	ENTAL HEALTI	H CENTER, O	AHU						
		PLANS	1		1								
		LAND	1		1								
		DESIGN	1		1								
		CONSTRUCTION	122		122								
		TOTAL	125		125							. 1 -	
		G.O. BONDS	125		125								
P80016	· · · · · · · · · · · · · · · · · · ·	NEM	KAHI MOHALA BEH	HAVIORAL HE	ALTH, OAHU								
		DESIGN	1			1							
		CONSTRUCTION	199			199							
		TOTAL	200			200							
		G.O. BONDS	200			200							
430103	4	RENOVATIO	N HAWAII STATE HO	OSPITAL, RE	PAIRS AND	I	MPROVEMENTS	TO VARIOUS	BLDGS & S1	TES,			
		DESIGN	906	230	1	1	258	416					
		CONSTRUCTION	12,761	1,404	2,999	2,999	1,813	3,546					
		TOTAL	13,667	1,634	3,000	3,000	2,071	3,962					
		G.O. BONDS	13,667	1,634	3,000	3,000	2,071	3,962					
			PROGRAM TOTALS		<del></del>	<del></del>					·		
		PLANS	2	1	1								
		LAND	1		1								
		DESIGN	2,289	1,611	2	2	258	416					
		CONSTRUCTION EQUIPMENT	16,186 1	4,508 1	3,121	3,198	1,813	3,546					
		TOTAL	18,479	6,121	3,125	3,200	2,071	3,962		<del></del>			

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 107

PROGRAM ID

PROGRAM TITLE

HTH-440

PROGRAM STRUCTURE NO. 050303

ALCOHOL & DRUG ABUSE

PROJECT NUMBER	PRIORITY NUMBER	LOC SCOPE	PRO	JECT TITLE			BUDGET P	ERIOD					
		COST ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
70030		NEW	THE ALCOHOLIC	REHABILITATI	ON SERVICES	OF	HAWAII, INC.	, STATEWIDE			-	-	
		CONSTRUCTION EQUIPMENT	674 1		674 1								
		TOTAL	675		675								
		G.O. BONDS	675		675								
<del></del>			PROGRAM TOTALS	 S	<del></del>								
		CONSTRUCTION EQUIPMENT	674 1		674								
		TOTAL	675		675								
		G.O. BONDS	675		675								

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 108

PROGRAM ID

PROGRAM TITLE

HTH-501

PROGRAM STRUCTURE NO. 050104

DEVELOPMENTAL DISABILITIES

PROJECT NUMBER	PRIORITY NUMBER	LOC SCOPE	PROJ	JECT TITLE			BUDGET P	PERION					
NOI DEN	NO. IDEN	COST ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
			PROGRAM TOTALS	<b>.</b>									
		PLANS	250	250									
		DESIGN	375	375									
		CONSTRUCTION	1,375	1,375									
		TOTAL	2,000	2,000					-	-			
		G.O. BONDS	2,000	2,000									

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 109

PROGRAM ID

PROGRAM TITLE

HTH-560

PROGRAM STRUCTURE NO. 050105

FAMILY HEALTH

ROJECT	PRIORITY	LOC SCOPE	PR	DJECT TITLE									
NUMBER	NUMBER					2.2	BUDGET P						
		COST ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
30014		NEM	MOLOKAI GENE	RAL HOSPITAL,	MOLOKAI					*			
		CONSTRUCTION	400	÷ .		400							
		TOTAL	400			400							
		G.O. BONDS	400			400							
			PROGRAM TOTAL	 _S				<del></del>					
		CONSTRUCTION	400			400							
		TOTAL	400			400							
		G.O. BONDS	400			400							

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 110

PROGRAM ID

HTH-580

PROGRAM STRUCTURE NO. 05010601 PROGRAM TITLE

COMMUNITY HEALTH SERVICES

PROJECT Number	PRIORITY NUMBER	LOC SCOPE	PRO	JECT TITLE			BUDGET P	FRIOD					
NOTIFIC	NONDER	COST ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-1 <b>5</b>	SUCCEED YEARS
P80015		NEW	VOLCANO HEALT	H COLLABORATI	VE, HAWAII						· .		
		LAND	250			250							
		TOTAL	250			250					10 cm 100 100 100 100 100 100 100 100 100 10		
		G.O. BONDS	250			250						1	
		·	PROGRAM TOTAL	.s									
		LAND	250			250							
		TOTAL	250			250							
		G.O. BONDS	250			250					-		

PROGRAM STRUCTURE NO. 050107

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT

REPORT B78 PAGE 111

PROGRAM ID

PROGRAM TITLE

HTH-595 IN THOUSANDS OF DOLLARS

HEALTH RESOURCES ADMINISTRATION

PROJECT PRIORITY LOC SCOPE PROJECT TITLE BUDGET PERIOD NUMBER NUMBER **PROJECT** PRIOR FΥ FΥ FY FΥ FΥ FY FY FY SUCCEED COST ELEMENT/MOF TOTAL YRS 07-08 08-09 09-10 10-11 11-12 12-13 13-14 14-15 YEARS 10013 NEW MOLOKAI GENERAL HOSPITAL, MOLOKAI DESIGN 400 400 CONSTRUCTION 4,500 2,800 1,700 TOTAL 4,900 3,200 1,700 G.O. BONDS 4,900 3,200 1,700 P60018 RENOVATION KOKUA KALIHI VALLEY, OAHU PLANS 40 40 CONSTRUCTION 3,160 1,000 2,160 TOTAL 3,200 1,000 2,200 G.O. BONDS 3,200 1,000 2,200 P70020 NEW WAIANAE COAST COMPREHENSIVE HEALTH CENTER, OAHU PLANS 1 1 DESIGN 1 1 CONSTRUCTION 998 998 TOTAL 1,000 1,000 1,000 1,000 G.O. BONDS LANAI WOMEN'S CENTER, LANAI P70021 NEW PLANS 1 CONSTRUCTION 499 499 TOTAL 500 500 G.O. BONDS 500 500

## REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 112

PROGRAM ID

PROGRAM TITLE

HTH-595

PROGRAM STRUCTURE NO. 050107

HEALTH RESOURCES ADMINISTRATION

PROJECT PRIORITY NUMBER NUMBER	LOC SCOPE	PRO.	JECT TITLE			BUDGET I	DEDIAN					
NOMBER NOMBER	COST ELEMENT/MOF	PROJECT Total	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
P70022	NEM	HOSPICE OF HII	LO, HAWAII								-	
	CONSTRUCTION	1,250		1,000	250							
	TOTAL	1,250		1,000	250							
	G.O. BONDS	1,250		1,000	250							
P70023	NEW	HAMAKUA HEALTH	CENTER, INC	C., HAWAII		-	*					
	DESIGN CONSTRUCTION	1 249		1 249								
	TOTAL	250		250						·		
	G.O. BONDS	250		250								
P70024	NEM	SHRINERS HOSPI	TALS FOR CH	ILDREN, HONG	DLULU, O	AHU						
	DESIGN CONSTRUCTION	1 249		1 249								
	TOTAL	250	2	250							· • • • • • • • • • • • • • • • • • • •	
	G.O. BONDS	250		250								
P70025	NEM	WAIMANALO HEAL	TH CENTER, C	DAHU		al dall (1886 trian and bath new men face street and		·				
	DESIGN CONSTRUCTION	1 124		1 124					•			
	TOTAL	125		125						<del></del>		-
	G.O. BONDS	125		125								

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT

REPORT B78 PAGE 113

PROGRAM ID

HTH-595

IN THOUSANDS OF DOLLARS

PROGRAM STRUCTURE
PROGRAM TITLE

PROGRAM STRUCTURE NO. 050107

HEALTH RESOURCES ADMINISTRATION

PROJECT NUMBER	PRIORITY NUMBER	LOC SCOPE	PROJ	ECT TITLE			BUDGET F	EDIAN					
NONDER	NONDER	COST ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
	100 mil 100 mil 100 mil 100 mil 100 mil 100 mil 100 mil 100 mil 100 mil 100 mil 100 mil 100 mil 100 mil 100 mil		PROGRAM TOTALS										
		PLANS LAND	681 3,200	639 3,200	42								
		DESIGN CONSTRUCTION EQUIPMENT	2,492 27,109 367	2,488 19,880 367	6,979	250							
		TOTAL	33,849	26,574	7,025	250	الحارجين فيلي هاباء ماليا يولو وينام الباري المال المال		· · · ·				<u> </u>
	• 1	G.O. BONDS	33,849	26,574	7,025	250							

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78

PROGRAM ID

HTH-610

PAGE 114

PROGRAM STRUCTURE NO. 050401 PROGRAM TITLE

ENVIRONMENTAL HEALTH SERVICES

PROJECT	PRIORITY NUMBER	LOC SCO	PE	PR	OJECT TITLE			BUDGET F	PERIOD					
		COST ELEM	ENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-1 <b>5</b>	SUCCEED YEARS
				PROGRAM TOTAL	LS									
		DESIGN CONSTRUCT	ION	54 546	54 546									
		TOTAL		600	600									
		G.O. BOND	 S	600	600	-								:

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 115

PROGRAM ID

PROGRAM TITLE

HTH-710

PROGRAM STRUCTURE NO. 050402

STATE LABORATORY SERVICES

PROJECT NUMBER	PRIORITY NUMBER	LOC SCOPE	PRO	IECT TITLE			BUDGET P	ERIOD					
		COST ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
-			PROGRAM TOTALS						2.1				
		DESIGN CONSTRUCTION	62 1,272	62 1,272									
		TOTAL	1,334	1,334			:						
		G.O. BONDS	1,334	1,334					:				

## REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 116

PROGRAM ID

PROGRAM TITLE

HTH-730

PROGRAM STRUCTURE NO. 050103

EMERGENCY MEDICAL SVCS & INJURY PREV SYS

FY FY 3 13–14 14–15	SUCCEED YEARS
	TEARS

PROGRAM TITLE

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT

REPORT B78 PAGE 117

PROGRAM ID

HTH-760

IN THOUSANDS OF DOLLARS

PROGRAM STRUCTURE NO. 050502

HEALTH STATUS MONITORING

PROJECT NUMBER	PRIORITY NUMBER	LOC SCOPE	PROJECT	TITLE			BUDGET P	ERIOD					
		COST ELEMENT/MOF		RIOR 'RS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
			PROGRAM TOTALS										
		DESIGN CONSTRUCTION	36 214	36 214									
		TOTAL	250	250				<del>,</del>					
		G.O. BONDS	250	250									: :

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 118

PROGRAM ID

HTH-840

PROGRAM STRUCTURE NO. 040101 PROGRAM TITLE

ENVIRONMENTAL MANAGEMENT

PROJECT NUMBER	PRIORITY NUMBER	LOC SCOPE	PRO	JECT TITLE			BUDGET P	FRIOD					
NONDER	NONDER	COST ELEMENT/MOF	PROJECT Total	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
840101	0001	NEM	WASTEWATER TR	EATMENT REVO	LVING FUND	FOR I	POLLUTION CO	NTROL, STAT	EMIDE				
		CONSTRUCTION	318,860	290,425	5,969	9,928	6,269	6,269					
		TOTAL	318,860	290,425	5,969	9,928	6,269	6,269		· · · · · · · · · · · · · · · · · · ·			and allow made speed price alone stage during name dates are
		OTHER FED. FUN G.O. BONDS	221,494 97,366	197,799 92,626	4,974 995	8,273 1,655	5,224 1,045	5,224 1,045					
840102	002	NEM	SAFE DRINKING	WATER REVOL	VING FUND,	STATEWIDE			anna emp elect apter filter much sever done soles eder fat			<del></del>	· · · · · · · · · · · · · · · · · · ·
		CONSTRUCTION	139,959	100,359	10,024	10,024	9,776	9,776					
		TOTAL	139,959	100,359	10,024	10,024	9,776	9,776					
		OTHER FED. FUN G.O. BONDS	116,125 23,834	83,127 17,232	8,353 1,671	8,353 1,671	8,146 1,630	8,146 1,630			<del></del>		
		<del></del>	PROGRAM TOTAL	s									
		CONSTRUCTION	849,603	781,568	15,993	19,952	16,045	16,045					
		TOTAL	849,603	781,568	15,993	19,952	16,045	16,045	.*				
		G.O. BONDS OTHER FED. FUN	231,058 618,545	219,716 561,852	2,666 13,327	3,326 16,626	2,675 13,370	2,675 13,370					

## REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 119

PROGRAM ID

PROGRAM TITLE

HTH-904

PROGRAM STRUCTURE NO. 060402

EXECUTIVE OFFICE ON AGING

PROJECT NUMBER	PRIORITY NUMBER	LOC SCOPE	PROJI	ECT TITLE			BUDGET P	ERIOD					
		COST ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
P70046		NEM	PALOLO CHINESE	HOME, OAHU									
		CONSTRUCTION	250		250								
		TOTAL	250		250		-						
		G.O. BONDS	250		250		* · · · · · · · · · · · · · · · · · · ·						
P80019		NEM	PALOLO CHINESE	HOME, OAHU									
		PLANS DESIGN	200 600			200 600							
		TOTAL	800			800				-			
		G.O. BONDS	800		Mir Mir Mir Mir and and also and also also also also also a	800				Ma allel danie sales 1440. Mar auss alles 1461 Mar alles alles 1			
			PROGRAM TOTALS							<del></del>			
		PLANS LAND	205 150	5 150		200							
	•	DESIGN CONSTRUCTION	630 2,015	30 1,765	250	600							
		TOTAL	3,000	1,950	250	800							
		G.O. BONDS	3,000	1,950	250	800							

PROGRAM TITLE

# REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 120

PROGRAM ID

HTH-907

PROGRAM STRUCTURE NO. 050504

GENERAL ADMINISTRATION

PROJECT NUMBER	PRIORITY NUMBER	LOC SCOPE	PRO	JECT TITLE			BUDGET P	FRIOD					
NOMBER	NOMBER	COST ELEMENT/MOF	PROJECT TOTAL	PRIOR YRS	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-1 <b>5</b>	SUCCEED YEARS
P70031		NEW	WAIMANO RIDGE	MASTER PLAN	, OAHU			·			n appel deller melle likken sårek densk densk skare miller såren pr		
		PLANS	700		700			·					
		TOTAL	700		700								-
		G.O. BONDS	700		700								
907101	3	RENOVATION	VARIOUS IMPRO	VEMENTS TO D	EPARTMENT O	F HEALTH F	ACILITIES,	STATEWIDE					
		DESIGN CONSTRUCTION	1,265 12,637	420 2,855	485 1	2 4,102	71 3,200	287 2,479					
		TOTAL	13,902	3,275	486	4,104	3,271	2,766					
		G.O. BONDS	13,902	3,275	486	4,104	3,271	2,766		:			
907104	5	RENOVATION	WAIMANO RIDGE	, BUILDING I	MPROVEMENTS	, OAHU					سا مان کې مان ساز سا مان مان مان ساز دان .	- 100, 100, 100, 100, 100, 100, 100, 100	
		DESIGN CONSTRUCTION	406 4,436				111 1,459	295 2,977					
		TOTAL	4,842				1,570	3,272				,	
	-	G.O. BONDS	4,842				1,570	3,272					
907106	6	RENOVATION	ENERGY EFFICI	ENCY IMPROVE	MENTS TO DE	PARTMENT O	F HEALTH FA	CILITIES, S	TATEWIDE		<del></del>	. <b></b>	
		DESIGN CONSTRUCTION	331 2,757				331 2,757						
		TOTAL	3,088				3,088						
		G.O. BONDS	3,088				3,088						

PROGRAM TITLE

## REQUIRED CAPITAL APPROPRIATIONS - BY CAPITAL PROJECT IN THOUSANDS OF DOLLARS

REPORT B78 PAGE 121

PROGRAM ID

HTH-907

PROGRAM STRUCTURE NO. 050504

GENERAL ADMINISTRATION

PROJECT	PRIORITY	LOC SCOPE	PROJ	ECT TITLE									
NUMBER	NUMBER	COST ELEMENT/MOF	PROJECT Total	PRIOR YRS	FY 07-08	FY 08-09	BUDGET PEF FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	SUCCEED YEARS
907802		REPLACEMENT	WAIMANO RIDGE,	WATER SYST	EM AND BUIL	DING	IMPROVEMENTS,	OAHU					*
		DESIGN CONSTRUCTION	438 9,017	436	1 7,218	1 1,799							
		TOTAL	9,455	436	7,219	1,800							
		G.O. BONDS	9,455	436	7,219	1,800							
907803	0008	RENOVATION	WAIMANO RIDGE,	DEMOLITION	OF BUILDING	GS, OAHU					and then this most term turn made grow some some or		
		DESIGN CONSTRUCTION	357 1,431		357 1,431								
		TOTAL	1,788		1,788			·					
		G.O. BONDS	1,788		1,788								
			PROGRAM TOTALS			·							
		PLANS DESIGN CONSTRUCTION	725 3,678 33,683	25 1,737 6,260	700 843 8,650	3 5,901	513 7,416	582 5,456					
		TOTAL	38,086	8,022	10,193	5,904	7,929	6,038					
		G.O. BONDS	38,086	8,022	10,193	5,904	7,929	6,038					